

ORIGINAL

2.2 TRANSMITTAL LETTER

therapy, etc. inc.

Patrice Driscoll-Bell
6433 Wea Woodlands Drive
Lafayette, IN 47909

RECEIVED

JUL 9 2010

IDO A PROCUREMENT

Kacia Palmer
Procurement Division
Indiana Department of Administration
402 West Washington Street W468
Indianapolis, IN 46204

Dear Ms. Palmer,

2.2.1 The staff of **therapy, etc. inc.** understands the general information presented in section 1, and agrees with all requirements and conditions listed.

2.2.2 **therapy, etc. inc.** is an Indiana business and has been providing therapy services to The Indiana Veterans Home since 2000. **therapy, etc. inc.** can continue to supply all staff requested for RFP-10-91 as exhibited in the past.

therapy, etc. inc. is willing to provide the requested products and services subject to the terms and conditions set forth in the RFP including, but not limited to, the States mandatory contract clauses.

All questions and concerns may be directed to myself, as the primary contact person.

2.2.3 Patrice Driscoll-Bell, President
6433 Wea Woodland Drive
Lafayette, IN 47909
Ph: 765-430-0795
Fax: 765-538-2230
Bellsx7@AOL.com

2.2.4 **Therapy, etc. inc.** agrees to be notified via e-mail and will notify the Procurement Division of changes, if any should arise.

2.2.5 For the past 10 years we have watched the therapy departments develop in ways, which have welcomed the nursing staff to assist us in meeting the needs of our residents. Through Care Conference Team attendance, Fall Restraint Meeting attendance, and Wound Care Team Rounds, we have the ability to provide, as well as gather information to assure the residents needs are being fulfilled.

We have also developed a network through the VA Indianapolis Prosthetics Division and now offer an onsite wheelchair clinic each month to assure that our residents seating needs are met. The Prosthetic Division will also expedite any orthotic, prosthetic, or compression issues we have during the clinic.

The **therapy, etc. inc.** staff has all of the qualifications listed in the RFP and many more. The staff has many years of therapy experience, with emphasis in Geriatrics. We have taken great pride in providing superior care for our Veterans, assuring that all of their therapeutic needs are tended to.

Therapy, etc. inc. also use Indiana Vendors in accordance with the "Buy Indiana" program and requests products that are American made. We also are environmentally friendly. We use recycled products when possible, and recycle our products in the office.

Thank you for your time,


Patrice Driscoll-Bell, President

ORIGINAL

2.3 BUSINESS PROPOSAL

2.3.1 **Therapy, etc.** an Indiana business founded in 2000, has been serving the Indiana Veterans Home (IVH) for 10 years. Under the direction of Patrice Driscoll-Bell, all communication between IVH and the therapy staff has the common goal to assure the needs of the residents are met. The products and services requested in the RFP are currently being addressed and will continue to be enforced. **Therapy, etc.** is represented at a variety of IVH meetings, including, but not limited to Wound Care, Fall Risk, Restorative Therapy, and IVH requested or required by regulations. **Therapy, etc.** has established relationships with the doctors both on and off site, Nursing staff, and the Multi-disciplinary Health Care Team.

2.3.2 **Therapy, etc.** structure

Please refer to attachment "A." **Therapy, etc.** was a Sole Proprietorship established in the year 2000, in Indiana, and in 2009 incorporated. **Therapy, etc.** provides Physical, Occupational and Speech Therapy, as well as Educational Training for a variety of entities. The entities include, two major hospital Home Care Therapy staffing, hospital prn therapy staffing, and prn therapy staffing at various nursing homes in Indiana. **Therapy, etc.** therapists specialize primarily in geriatric population as well as Orthopedic specialties. **Therapy, etc.** has no other division or product lines.

2.3.3 **Therapy, etc.** financial information

Please refer to attachment "B." Please find prior two years business taxes, which demonstrate our financial stability. **Therapy, etc.** has only one business area or division.

2.3.4 Integrity of **Therapy, etc.** and Financial Reporting

The President, Patrice Driscoll-Bell, assumes personal responsibility of any and all information supplied. Annual review of **Therapy etc.** books are performed by its accounting firm.

2.3.5 Contract Terms/ Clauses

Therapy, etc. reviewed the Required Contract Clauses in the RFP sample contract attachment B provided by the State. As noted in the Transmittal Letter, 2.2.2, we agree to the required contract clauses..

2.3.6 References

The references for Therapy, etc. of like services are included in "attachment C."

2.3.7 Registration to do Business

Therapy, etc. is registered with the Secretary of State to do business. Please note secondary to the change from "S Corp" to "incorporating" a change of tax ID # occurred. All required documents were sent to the government by our accounting firm, but the IRS and State of Indiana did not reflect the change. In October of 2009, copies of original documentation were sent by our accountant to again verify the change. All taxes have been paid and are up to date.

Therapy, etc. is a registered bidder in the state of Indiana. Please refer to "attachment D" for verification.

2.3.8 Authorizing Document

Patrice Driscoll-Bell authorizes the commitment of Therapy, etc. to this contract. Please refer to attachment "E."

Therapy, etc. corporate bylaws attachment "F"

2.3.9 Subcontractors

Please refer to attachment "G"

2.4 TECHNICAL PROPOSAL

Provider Duties

#1 Professional Staff licenses are available at IVH Administration Office if requested.

#2 **Therapy, etc.** contract manager, Patrice Driscoll-Bell, PTA, BS resume attachment "H"

- #3 Please find **Therapy etc.** staff resumes attachment "I."
- #4 Professional staff certifications for specific diagnosis attachment "J." Additional staff must meet similar/same specific training.
- #5 Staff is already in place at IVH to support current Med B needs. When Med A becomes effective, the additional staff will be educated with the required orientation and training as well. Job descriptions and competency checks are signed and demonstrated before work begins. Refer to attachment "K"
- #6 All IVH manuals will be incorporated into our annual education, and inservice proficiencies will be completed by therapy staff and aides as applicable.
- #7 **therapy etc., inc.** will continue to revise department Policy and Procedure Manuals and job descriptions annually and as needed.
- #8 Educational training for IVH staff in the past have included:
Annual Restorative Therapy Competencies
Wheelchair Safety
Wound V.A.C. Instruction
Pulsed Lavage Teaching
Wound Care Instruction
- Therapy etc.** will continue to provide Training and Education, as we have since 2000, as IVH requests. All documents are the property of IVH and are on file in the Continuing Education Department , Joy Spitznagle, RN.
- #9 **Therapy, etc.** will determine residents need for therapy. Upon Drs. approval of Plan of Care, appropriate insurance guidelines will be followed for reimbursement. If no external funds are available, chain of command will be followed for approval to allow state funds to be used to pay for residents therapy.
- #10 **Therapy, etc.** will continue to provide written documentation and recommendations for Restorative Nursing programs. We will also help with advice, assessment, and progression of a residents current exercise regimen to obtain optimum benefits. We will also continue with annual RTA training for their department.
- #11 **Therapy, etc.** will continue to participate in all measures appropriate in the MDS process, in a manner requested by MDS RN.
- #12 All professional staff will be able supply documentation to our Plan Team. Due to Medicare requirements, specific sections of documentation remain in PT department until a given time in the residents therapy, but is available upon request. Refer to attachment "L" for sample reports.
- #13 The Therapy department will continue to maintain all IVH equipment, assuring annual calibrations are performed on appropriate appliances.
- #14 **Therapy, etc.** will continue to store appropriate supplies in locked cabinets and keep entry door locked when a licensed therapist is not present in department. Please refer to attachment "M" for safety plan.
- #15 The Therapy Director is responsible for assuring HIPPA compliance for all staff. Each staff member has received six hours of ISDOH HIPPA training and annual mandatory training, per IVH protocol.

#16 To assure optimum reimbursement levels in accordance with Medicare, all initial assessments will be performed within 2 working days of received orders.

#17 All new residents will be assessed within 24 hours of admission, as well as during MDS assessment window to assure maximum Medicare benefit for resident is attained.

#18 Purchasing requests and inventory maintenance duties are currently assigned to department staff, following State purchasing requirements.

#19 Department staff are currently assigned to the weekly committees of Fall Risk Management, Wound Care Team, Morning Reports, Restorative Therapist meeting, and agree to continue to participate in additional committees as requested by the facilities administration.

#20 A system for data collection is in place and assigned to staff in each department. We agree to continue with this process.

#21 **Therapy, etc.** accepts responsibility for required professional staffs continuing education and any additional training by applicable Long Term Care regulations. Currently annual training is completed on several universal issues. Therapy/diagnosis specific training is attended to support recommendations for AOTA, APTA guidelines. Periodic training is attended as rules/regulations/billing codes etc. change via Medicare guidelines.

#22 SLP staff will be available 7 days a week and is ASHA/IN certified. SLP staff can provide all needed services.

#23 SLP staff will be able to complete all evaluations within 72 hours of admission to meet facility requirements.

#24 SLP staff will provide treatment in most beneficial grouping to maximize treatment benefits.

#25 SLP staff will evaluate the resident in the most appropriate setting ie: bedside, meal time. Then communicate with both staff and family, as well as obtain past history to best assess resident needs. When needs change and residents disease/diagnoses progresses, SLP staff will adjust equipment as needed.

#26 SLP staff will obtain information as stated in #25 and trial a variety of high/low tech AAC to best meet the residents needs.

#27 SLP attendance records/daily notes Attachment "N."

Hours

#1 **Therapy, etc.** agrees to schedule requirements and accepts responsibility for the timeliness and adherence to standards of each profession.

#2 **Therapy, etc.** agrees to provide the licensed staff a minimum of six hours per day, Monday-Friday. We will also provide additional hours, on call evenings, and weekends to meet the needs of the facility. Licensed PT/OT/SLP will be available to supervise staff and as well as perform evaluations to meet the needs of IVH and comply with applicable Long Term Care Regulations. **Therapy, etc.** already provides services to IVH via the Therapy staff. Our hours vary with the needs of IVH and are non-specific in the current provision to IVH.

#3 Patrice Driscoll-Bell, contract manager, will be available after hours. If situation arises she is in excess of one hour from facility the duty will be assigned to another licensed therapist.

Reimbursement Requirements

1. **Therapy, etc.** is a provider for all government and private insurance companies. **Therapy, etc.** is well versed in Medicare guidelines, receives Medicare updates as issued by NGS, and attends seminars throughout the year.
2. **Therapy, etc.** is a Medicare provider and will continue to bill services as such.
3. **Therapy, etc.** will provide to IVH weekly data with all patients treatment billing records .
4. All **Therapy, etc.** licensed staff will continue with Medicare continuing education, and alert IVH if a change occurs which affects pts reimbursement.
5. **Therapy, etc.** will request permission to treat a resident on non-billable time.

2.5 COST PROPOSAL

Please refer to Attachment "O" for two requested cost proposals

2.6 INDIANA ECONOMIC IMPACT

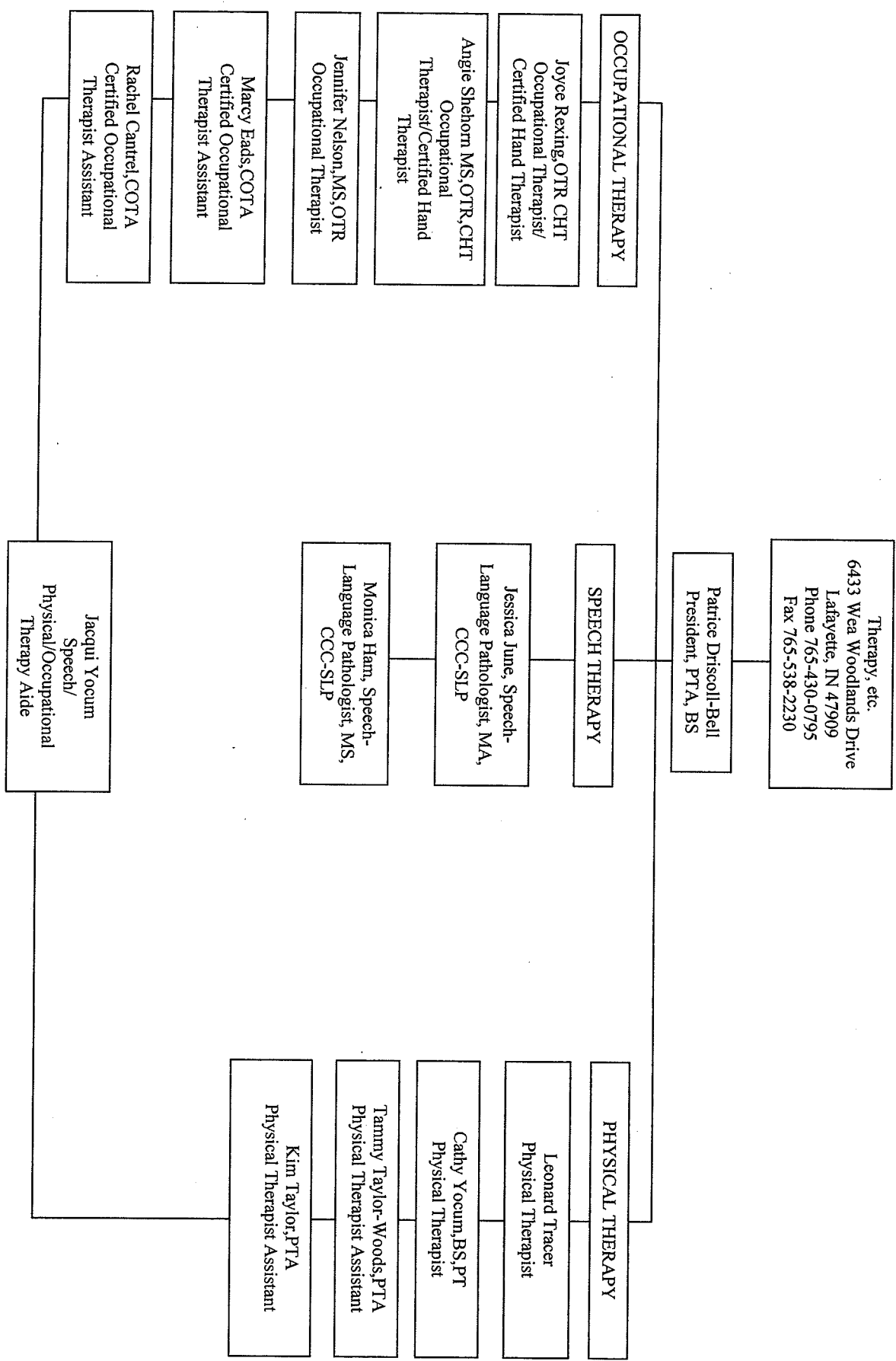
Please refer to completed Indiana Economic Impact Form assuring **Therapy, etc.** is an Indiana Business, attachment "P"

2.7 BUY INDIANA/INDIANA COMPANY

Therapy, etc. qualifies as an Indiana Business via the following provisions:

1. Our principal place of business is in Indiana.
2. 100% of our payroll is to Indiana residents.
3. Indiana residents compile our entire staff.

"A"





SECRETARY OF STATE "A" STATE OF INDIANA

TODD ROKITA
SECRETARY OF STATE

Dear Entrepreneur:

The key to future economic prosperity and growth is a strong Indiana business community. Congratulations on being a part of our state's future!

Your business entity document (s) are filed and have been approved by the Indiana Secretary of State. For your records, a copy of your Certificate and receipt are included.

You are now well on your way to establishing a business in Indiana and although you have filed the appropriate documents with the Office of the Secretary of State, you will need to contact the following agencies to complete your new business requirements:

- ☐ **Internal Revenue Service**—Registration: Business must obtain an Employer Identification Number. You may obtain this number by telephone or by filing Form SS-4 with the IRS. Employer Identification Number (606) 292-5467. IRS Information Number (800) 829-1040. Forms (800) 829-3676. Or write: IRS, Cincinnati, OH 45999.
www.irs.gov
- ☐ **Indiana Department of Revenue**: Contact the Indiana Department of Revenue Taxpayer Services Division, Withholding (317) 233-4016, Sales Tax (317) 233-4015, Corporate Tax and General Information (317) 615-2662. Or visit Room N-105 Indiana Government Center North, 300 North Senate Avenue Indianapolis, IN. 46204 (west of the State House).
www.in.gov/dor
- ☐ **Department of Workforce Development**: Businesses with employees have various responsibilities. Learn about these by obtaining an Employer's Desk Guide by contacting the DWD at (317) 232-7436 or (800) 437-9136. www.in.gov/dwd

Once a business entity has formed in the state of Indiana or received a Certificate of Authority, it has an ongoing responsibility to file regular Business Entity Reports to the Secretary of State. These reports must be filed every year by nonprofit organizations and every two years by for-profit businesses during the anniversary month of the organization's formation or Certificate of Authority.

I strive to make this process as easy and efficient as possible, so you can spend more time focusing on the vitality of your new business. Visit www.sos.IN.gov today to learn about *Service on Your Schedule!* Good Luck!

Sincerely,

Todd Rokita
Indiana Secretary of State

**File your Business Entity
Report online and enjoy the
benefits of Service on Your
Schedule...**

A recent online survey of 1,213 Online Business Entity Report Filers revealed SOS customers are satisfied with this online service:

94 percent of online filers
completed the process in
less than 15 minutes

94 percent said it was easy
to file online.

95 percent said they would
file online again

Comments from satisfied users:

*Great job! Really makes this easy.
Thanks!*

*I have never had a report so easy
to file. I'm new at my job and this
made me look good.*

*I think you have done an excellent job in
making this task very easy.*

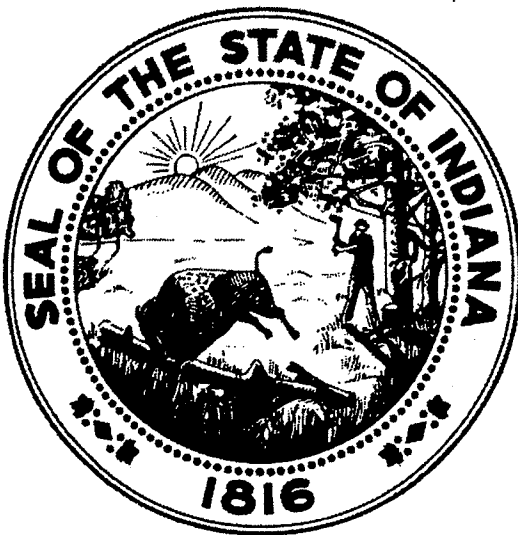
*For more information
about an *accessIndiana*
subscription, please visit
www.subscribe.IN.gov.

**State of Indiana
Office of the Secretary of State**

**CERTIFICATE OF INCORPORATION
of
THERAPY, ETC., INC.**

I, TODD ROKITA, Secretary of State of Indiana, hereby certify that Articles of Incorporation of the above For-Profit Domestic Corporation have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Business Corporation Law.

NOW, THEREFORE, with this document I certify that said transaction will become effective Wednesday, December 10, 2008.



In Witness Whereof, I have caused to be
affixed my signature and the seal of the
State of Indiana, at the City of Indianapolis,
December 10, 2008.

A handwritten signature in black ink, reading "Todd Rokita", is written over the seal.

TODD ROKITA,
SECRETARY OF STATE

2008121000315 / 2008121073625

INDIANA SECRETARY OF STATE

RECEIPT

Receipt Number : 1671457

Payment Entry Number : 595491

INDIANA SECRETARY OF STATE
BUSINESS SERVICES DIVISION
302 West Washington Street, Room E018
Indianapolis, IN 46204
(317) 232-6576

JACK O BRYAN
PO BOX 408
LAFAYETTE, IN 47902

Receipt Date: 12/10/2008

Receipt Status: Closed

The following details your transaction(s) with the Secretary of State's Office :

Payment Submitted:

| Payor | Payment Type | Reference | Comment | Amount |
|----------------|--------------|-----------|---------|----------------|
| JACK O BRYAN | Check/ MO | 6097 | | \$90.00 |
| Total Amount : | | | | <u>\$90.00</u> |

Transactions posted to this receipt:

| Entity Name | Type of Filing | Amount |
|---------------------|--|----------------|
| THERAPY, ETC., INC. | For-Profit Domestic Corporation : Articles of Incorporation | \$90.00 |
| Total Amount : | | <u>\$90.00</u> |

Jack R. O'Bryan

Attorney at Law

Reply to: P.O. Box 408
Lafayette, Indiana 47902
(765) 423-5374
Fax (765) 423-4392
E-Mail jobryan@gomlaw.com

December 5, 2008

Secretary of State
Corporate Division
302 W. Washington
Rm. E-18
Indianapolis, IN 46204

RE: Articles of Incorporation

Dear Sir/Madam:

Enclosed please find the following:

1. Two (2) original Articles of Incorporation
2. Check # 6097, in the amount of \$90.00
3. Self addressed stamped envelope

Please return a file stamped copy to me in the self addressed stamped envelope that I've enclosed for your use.

Sincerely,



Jack R. O'Bryan

Enclosed

JRO/jh

"C"

White County Memorial Hospital
Physical Therapy Department
Attn: Didi Robertson DPT
720 South 6th Street
Monticello, IN 47961
Ph: 574-583-3503

White County Memorial Hospital
Home Care Division
Attn: Rhonda Berger, RN
720 South 6th Street
Monticello, IN 47961
Ph: 800-578-9259

Clarian Home Care of Lafayette
Attn: Julia Jaeger, RN
3900 Mezzanine Drive Suite 103
Lafayette, IN 47905
Ph: 765-838-5750

Amedisys Home Care
Attn: Alice Benson, RN
938 Mezzanine Drive Suite A
Lafayette, IN 47905
Ph: 765-449-7083

Subj: **State of Indiana Bidder Registration Confirmation**
Date: 7/31/2005 9:19:47 PM US Eastern Standard Time
From: OpportunityIndiana@in.gov
To: bellsx7@aol.com

Thank you for successfully registering as a bidder with the State of Indiana. Below you will find the information that has been entered in our database:

Submitter Name: Patrice Driscoll-Bell

Vendor Name: therapy, etc.

Gender: Female

Ethnicity: Caucasian

CEO Name: patrice driscoll-bell

Indiana Minority Owned Business: No

Otherwise Minority Owned Business: No

Indiana Women Owned Business: Yes

Otherwise Women Owned Business: No

Small Business: Service

Registered with Secretary of State: Yes

NAICS Code: 621340 - Offices of Physical, Occupational and Speech Therapists, and Audiologists

Receive Solicitations Preference: Email

Receive Orders Preference: Email

Company Website:

UNSPSC Category Code: 49000000 - Sports and Recreational Equipment and Supplies and Accessories

UNSPSC Category Code: 49220000 - Sports equipment and accessories

UNSPSC Category Code: 85000000 - Healthcare Services

UNSPSC Category Code: 86000000 - Education and Training Services

Please confirm your registration information at <http://opportunityindiana.in.gov>. Keep in mind that you may update your information at any time by visiting the site at your convenience.

Bidder Registration # 0000010312

"E"

**therapy, etc. inc...6433 wea woodlands drive lafayette, in
47909...7654300795...fax 7655382230**



Dear Sirs,

I, Patrice Driscoll-Bell, authorize therapy, etc., inc. to be the vendor used in providing the PT/OT/SLP services as requested in RFP-10-91 contract.

Patrice Driscoll-Bell, PTA, BS, President.
Patrice Driscoll-Bell, PTA, BS, President
Therapy, etc, inc.

"F"

ARTICLES OF INCORPORATION RECEIVED

OF

2008 DEC 10 AM 9:46

therapy, etc., inc.

The undersigned Incorporator, desiring to form a corporation (hereafter, the "Corporation") pursuant to the provisions of the Indiana Business Corporation Law, as amended (the "Act") executes the following Articles of Incorporation.

ARTICLE I

NAME

The name of the Corporation is therapy, etc., inc.

ARTICLE II

PURPOSES

The purposes for which the Corporation is formed are:

2.01 General: To engage in commercial business and to buy, sell, lend and borrow on the security of and deal in the corporation's assets including all personal property and real estate, and to engage in all other acts allowed by law.

2.02 Capacity to Act: To have the capacity to act possessed by natural persons, but to have authority to perform only such acts as are necessary, convenient or expedient to accomplish the purposes for which the Corporation is formed, and such acts as are not repugnant to law.

2.03 Personal Property: To acquire (by purchase, exchange, lease, hire or otherwise), hold, lease as lessee or lessor, mortgage, pledge, hypothecate, exchange, sell or deal in and dispose of, alone, or in syndicates or otherwise in conjunction with others, commodities, patents, copyrights, trademarks, all intangibles and other personal property of every kind, character and description whatsoever and wheresoever situated and any interest thereon.

2.04 Real Property: To acquire, (by purchase, exchange, lease or otherwise), hold, own, manage, operate, lease as lessee or lessor, sell, convey, let as lessor or mortgage either alone or in conjunction with others, real estate of every kind, character and description whatsoever and wheresoever situated, and any interest therein.

2.05 Contracts: To enter into, make, perform, carry out, cancel or rescind contracts for any lawful purposes pertaining to its business.

APPROVED
AND
FILED
WILLIAM W. BROWN
IND. SECRETARY OF STATE

2.06 Franchises: To enter into, make, perform, carry out and sell franchise agreements of any type with any legal entity for any lawful purpose.

2.07 Partnership: To enter into any lawful arrangement for sharing profits, union of interest, reciprocal association or cooperative association with any other corporation, association, partnership, individual or other legal entity, for the carrying on of any business or transaction deemed necessary, convenient or incidental to carrying out the purposes of the Corporation.

2.08 Guaranties: To make any guaranty respecting stocks, securities, indebtedness, interest, contracts or other obligations of others.

2.09 Raise Funds: To borrow or raise moneys for any of the purposes of the Corporation and, from time to time, without limit as to amount, to draw, make, accept, endorse, execute and issue promissory notes, drafts, bills of exchange, warrants, bonds, debentures and other negotiable or non-negotiable instruments and evidences of indebtedness and to secure the payment thereof, and the interest thereof, by mortgage on or pledge, conveyance or assignment in trust of all or part of the assets of the Corporation. In addition, the Corporation is authorized to issue special certificates of indebtedness with terms different from those offered the general public, to its officers and employees.

2.10 Treasury Stock: To purchase its own shares to the extent of unreserved capital surplus or earned surplus.

2.11 Stated Capital: To determine the amount of stated capital and increase or reduce stated capital, and to determine the consideration to be received from shares issued from time to time.

2.12 Surplus: To determine the amount of capital surplus and earned surplus and the amount allocated to each in mergers, consolidations and acquisitions.

2.13 Stock Options: To create, without restriction, rights or options to purchase any or all of its shares.

2.14 Deal In Its Own Securities: To acquire, hold, sell, transfer, reissue or cancel the shares of its own capital stock or any securities or other obligations of the Corporation, in the manner or to the extent permitted by the laws of Indiana, except that the Corporation shall not use its funds or other assets for the purchase of its own shares of stock when such use would impair the capital of the Corporation, and except that share of its own capital stock beneficially owned by the Corporation shall not be voted.

2.15 Deal in Securities Generally: To purchase, take, receive, subscribe for, otherwise acquire, own, hold, vote, use, sell, mortgage, lend, pledge or otherwise dispose of, and otherwise use and deal in and with shares or other interests in, or obligations of, other individuals, corporations, associations or partnerships or direct or indirect obligations of the United States or of any government, state, territory, governmental district or municipality or any instrumentality thereof.

2.16 Rights, Privileges and Powers: The Corporation shall have and exercise all of the

general rights, privileges and powers specified in or permitted to a corporation under the Indiana General Corporation Act.

2.17 General Powers: To do everything necessary, proper, advisable or convenient for the accomplishment of any of the purposes or the attainment of any of the objects of the furtherance of any of the powers herein set forth, and to do every other act and thing incidental thereto or connected therewith, which is not forbidden by the laws of the State of Indiana or these Articles of Incorporation.

2.18 To Act as Agent: To act in any state in which the Corporation is qualified to do business, as agent or representative for any individual, association, corporation or legal entity, respecting business which the Corporation is authorized to transact.

2.19 To Deal in Good Will: To acquire (by purchase, exchange, lease, hire or otherwise) all, or any part, of the good will, rights, property and business of any person, entity, partnership, association or corporation heretofore or hereafter engaged in any business similar to any business which the Corporation has power to conduct; to pay for the same in cash or in stock, bonds or other obligations of the Corporation or otherwise, to hold, utilize and in any manner dispose of the whole, or any part, of the rights and property so acquired, and to assume in connection therewith any liabilities of any such person, entity, partnership, association, or corporation, and conduct in any lawful manner the whole, or any part, of the business thus acquired.

2.20 Construction of Powers: The foregoing sections shall be construed as purposes as well as powers, and the foregoing sections shall be interpreted broadly to carry out the purposes of the Corporation. The powers shall not be construed, however, to permit the Corporation to exercise powers in any state which a corporation organized under the laws of that state could not exercise.

ARTICLE III

TERM OF EXISTENCE

The period during which the Corporation shall continue is perpetual.

ARTICLE IV

PRINCIPAL OFFICE AND AGENT

The street address of the Corporation's initial registered office in Indiana is 6433 Wea Woodlands Dr., Lafayette, IN 47909, and the name of its initial registered agent at that office is Patrice Driscoll-Bell.

ARTICLE V

NUMBER OF SHARES

The total number of shares which the Corporation shall have authority to issue is one thousand (1,000) shares without par value.

ARTICLE VI

TERM OF SHARES

6.01 One Class: All Shares of the Corporation shall be common capital shares, having the same rights and privileges.

6.02 No Par Value: All Shares shall be without par value.

6.03 Stated Capital: The number of Shares issued by the Corporation times \$10.00 shall, from time to time, be the stated capital of the Corporation.

6.04 Capital Surplus: The aggregate net amount of the consideration received by the Corporation from the sale of its shares in excess of \$10.00 per Share times the number of shares issued and outstanding shall, from time to time, constitute the capital surplus of the Corporation.

6.05 Earned Surplus: The earned surplus of the Corporation shall consist of accumulated and undistributed earnings of the Corporation.

6.06 Preemptive Rights: The holders of Shares of the Corporation shall have no preemptive rights except as determined by the Shareholders according to the Voting provisions of the Corporation's By-Laws.

6.07 Dividends: Dividends may be declared and paid, upon outstanding Shares, out of unrestricted and unreserved earned surplus.

6.08 Partial Distribution: The directors of the Corporation may make distributions to shareholders out of capital surplus from time to time to the extent permitted by law.

6.09 Transfer of Shares: Subject only to the provisions of the Uniform Commercial Code, transfers of Shares shall be governed by the By-Laws of the Corporation.

ARTICLE VII

VOTING RIGHTS OF SHARES

7.01 Voting Rights: Each Share shall be entitled to one (1) vote.

7.02 No Greater Requirements: Nothing in these Articles of Incorporation shall be deemed to require any greater portion of the Shares to concur in any action taken by shareholders than is required by law.

7.03 Shares Entitled to Vote: Treasury Shares and subscribed but unissued Shares shall not be voted.

7.04 Consents: Any action required by law to be taken at a meeting of the shareholders of a corporation, or any action which may be taken at a meeting of the shareholders, may be taken without a meeting if, prior to such action, a consent in writing, setting forth the action so taken, shall be signed by all of the shareholders entitled to vote with respect to the subject matter thereof, and such written consent is filed with the minutes of the proceedings of the shareholders. Such consent shall have the same effect as a unanimous vote of the shareholders, and may be stated as such in any documents filed with the Secretary of State.

7.05 Record Date: The By-Laws may provide for a record date for determining shareholders entitled to receive payment of any dividend or to determine shareholders for any other purpose.

ARTICLE VIII

INITIAL STATED CAPITAL

The Corporation will not commence business until consideration with the value of at least One Thousand Dollars (\$1,000.00) has been received for issuance of Shares.

ARTICLE IX

DIRECTORS

The initial board of directors shall be composed of one (1) member. The number of directors may from time to time be fixed by the By-Laws of the Corporation at any number not less than one (1). In the absence of a by-law fixing the number of directors, the number shall be one (1).

ARTICLE X

INITIAL BOARD OF DIRECTORS

The initial Board of Directors shall be comprised of the following person(s):

NAME

POST OFFICE ADDRESS

Patrice Driscoll-Bell

6433 Wea Woodlands Dr., Lafayette, IN 47909

ARTICLE XI

INCORPORATOR

The name and post office address of the Incorporator of the Corporation is Patrice Driscoll-Bell, 6433 Wea Woodlands Dr., Lafayette, Indiana 47909

ARTICLE XII

PROVISIONS FOR REGULATION OF BUSINESS

AND

CONDUCT OF AFFAIRS OF CORPORATION

12.01 Code of By-Laws: The Board of Directors of the Corporation shall have the power, without the approval of shareholders, to make, alter, amend or repeal the Code of By-Laws of the Corporation, but the affirmative vote of the majority of the members of the Board of Directors shall be necessary to make such By-Law change, or to effect any amendment or repeal thereof. All provisions for the regulation of the business and management of the affairs of the Corporation shall be stated in the By-Laws.

12.02 Meeting of Shareholders: Meeting of the Shareholders of the Corporation shall be held at such place, within or without the State of Indiana, as may be specified in the respective notices, or waiver of notice, thereof, or in the By-Laws.

12.03 Meeting of Directors: Meetings of Directors of the Corporation shall be held at such place, within or without the State of Indiana, as may be specified in the respective notices or waivers of notice, thereof. Any action required or permitted to be taken at any meeting of the Board of Directors or any committee thereof may be taken without a meeting, if prior to such action a written consent to such action is signed by all members of the board, or of such committee, as the case may be, and such written consent is filed with the minutes of the proceedings of the board or committee.

12.04 Interest of Directors in Contracts: Any contract or other transaction between the Corporation and any corporation in which the Corporation owns all the capital stock shall be valid and binding, regardless of the fact that the officers and directors, executing the contract on behalf of this Corporation, are the same or a majority of them are the same or the participating directors are the same.

Any contract or other transaction between the Corporation and any of its directors or between the Corporation and any firm in which any of its directors have an interest shall be valid for all purposes, notwithstanding the presence of such directors at the meeting of the board of directors, which acts upon such contract and notwithstanding the director's participation in such action, if the fact of the director's interest is disclosed or known to the Board of directors and if the Board of directors shall authorize or ratify such contract by a vote of a majority of the directors

present, such interested director being counted in determining whether a quorum is present, but not counted in calculating the majority of such quorum necessary to carry the vote. This section shall not be construed to invalidate any contract or other transaction which would otherwise be valid under the common and statutory law applicable thereto.

12.05 Additional Powers of Directors. In addition to the powers and authority given by these Articles or by statute, the board of directors is hereby authorized to exercise all such powers and do all such acts and things as may be exercised or done by a corporation organized and existing under the Act.

12.06 Indemnification of Directors and Officers: The Board of directors of this Corporation may, at its discretion, indemnify any or all directors, officers and employees against expenses (including attorney fees) actually and reasonably incurred by such Director in connection with the defense of any action, suit or proceeding, civil or criminal, in which such Director is made a part by reason of being or having been such director or officer, provided that such person acted in good faith, in what such person reasonably believed was in the best interest of the Corporation and in addition, in any criminal proceedings had no reason to believe such person's conduct was unlawful.

12.07 Insurance: The Corporation shall have power to purchase and maintain insurance on behalf of any person who is or was a director, officer, employee or agent of the Corporation, or is or was serving at the request of the Corporation as a director, officer, employee or agent of another corporation, partnership, joint venture, trust or other enterprise against any liability asserted against such Director and incurred by such Director in any such capacity, or arising out of such Director's status as such, whether or not the Corporation would have the power to indemnify such Director against such liability under the provisions of this Article.

12.08 Removal of Directors: At a meeting of shareholders called expressly for that purpose, any and all members of the Board of directors may be removed, with or without cause, by a vote of the holders of a majority of the shares then entitled to vote at an election of director.


12.09 Financial Statement: The By-Laws shall provide for the nature, frequency and distribution of financial statements, but any shareholders shall be furnished with a copy of the latest annual financial statement upon written request to any officer or director.

12.10 Amendment of Articles of Incorporation: Unless the Corporation's By-Laws provide otherwise, the Corporation reserves the right to alter, amend, or repeal any provisions contained in these Articles of Incorporation in the manner now or hereafter prescribed by the provisions of the Act, or any other pertinent enactment of the General Assembly of the State of Indiana; and all rights and powers conferred hereby on Shareholders, directors and officers of the Corporation are subject to such reserved right.

12.11 Stock Subscriptions: The Board of directors shall have the power to specify the terms of payment, in installments or otherwise, for subscriptions for the capital stock or any class thereof, from time to time, and to call for payment, provided that any call made by the Board of directors for payment on subscriptions shall be uniform as to all shares of the same class or as to all shares of the same series, as the case may be.

12.12 Abandoned Property: After it remains unclaimed for a period of seven (7) years, any stock, dividends, demand obligation or past due obligations of this Corporation, interest, distribution or other claim against or obligations of this Corporation or fund or property held by this Corporation to this Corporation for the six consecutive years last past, shall revert to and become the property of this Corporation. The secretary shall prepare a written claim of the Corporation to such fund, claim, income or property before the end of the seventh year after its appropriate due date, distribution date or delivery date.

I HEREBY VERIFY THAT SUBJECT TO PENALTIES OF PERJURY THE FACTS CONTAINED HEREIN ARE TRUE THIS 5th DAY OF December, 2008.

 THE INCORPORATOR.
Patrice Driscoll-Bell

This instrument prepared by Jack R. O'Bryan, Attorney at law, P.O. Box 408, Lafayette, Indiana, 47902.

"H"

Patrice Driscoll-Bell
6433 Wea Woodland Drive
Lafayette, IN 47909
Ph: 765-430-0795
Fax: 765-538-2230

EDUCATION

University of Indianapolis
Associate of Science 1997

Physical Therapy

Ball State University
Bachelor of Science
Minors

Exercise Physiology
Counseling Psychology

Physical Education for the Older Adult

CLINICAL EXPERIENCE

THERAPY, ETC, INC, Owner

2000-present

Contractual Obligations:

Indiana Veterans Home

2000-present

Director of Physical /Occupational Therapy

White County Memorial Hospital

2003-present

Home Care Staffing

Clarian Hospital

Home Care of Lafayette Staffing

2008-present

Amedisys Home Care

Home Care Staffing

3/2010-present

Winona Hospital

PRN therapist

1997-2004

Lafayette Rehabilitation Services

Staff therapist

1997-2002

CERTIFICATIONS

Practical Ergonomics Application

Spasticity Mgt

Neural Tissue Tension Techniques

Lumbar, SI, Hip Manual Therapy

Pilates-The Method

Sitting Solutions and Wheelchair Positioning

Fall Prevention-2 courses

Management of Chronic Wounds- 6 courses

The Brain and Dementia-2 courses

• I •

Angela R. Shehorn, M.S., O.T.R., C.H.T.

151 Berwick Drive
Lafayette, IN 47909
765/474-7038

EDUCATION

University of Indianapolis, Indianapolis, Indiana
Master of Science Degree in Occupational Therapy
December 1998

Purdue University, West Lafayette, Indiana
Bachelor of Arts Degree in Movement and Sports Science
Semester Honors - Spring 1993, Fall 1994, and Spring 1995
December 1995

EMPLOYMENT

Lafayette Rehabilitation Services, INC.
1411 S. Creasy Lane, Suite 100
Lafayette, IN 47905
765/447-5552
Jan 1999-present

Therapy Etc., INC
6433 Wea Woodlands Drive
Lafayette, IN 47909
765/538-2230
Jan 2004-present

PROFESSIONAL AFFILIATIONS

Member, American Occupational Therapy Association
Member, Indiana Occupational Therapy Association

CERTIFICATION

NBCOT
CPR
Certified Hand Therapist
April 30, 1999
Expires May 2011
Nov. 2004

RESEARCH AND PUBLICATIONS

"Determining the Effectiveness of Pencil Grips: An Electromyographical Analysis,
Occupational Therapy in Health Care, Volume 12, Issue 1.

ANGELA R. SHEHORN, M.S., O.T.R., C.H.T.

CONTINUING EDUCATION

- Vestibular Disorders: Assessment and Management, Balance Solutions, November 13-14, 2009
- Occupational Therapy in the 21st Century, IOTA Fall Conference, October 24, 2009
- Advances in Orthopaedic Conditions: It's Not Just Broken Bones, PESI, December 12, 2008
- Update of Rules and Regulations, IOTA West Central District Meeting, September 10, 2008
- Hand Care 2008-Advancing the Quality of Patient Care through Medical Education, The Hand Rehabilitation Center of Indiana, May 8-10, 2008
- Pharmacological Effects on Function, IOTA, April 10, 2007
- From Order to Discharge: Rehabilitation of Flexor Tendon Injuries, Methodist Occupational Health & Safety Training Institute, March 10, 2007
- Static Progressive Splinting (DVD), Exploring Hand Therapy, February 21, 2007
- Wheelchair Positioning, IOTA, January 15, 2007
- EnVision: ASTYM Provider Symposium, Performance Dynamics, June 10-11, 2006
- IOTA Spring Conference, IOTA, April 22, 2006
- Arthritis: A Joint Perspective on Rehabilitation, Rheumatology Network of Indiana & Arthritis Foundation, Indiana Chapter, March 18, 2006
- The Irlen Method, IOTA West Central District Meeting, January 12, 2005
- Functional Flexibility (Functional Video Digest), Gary Gray, November 10, 2004
- Advanced Elvarex, BSN-Jobst, August 31, 2004
- Splinting the Geriatric Hand, AOTA Continuing Education (OT Practice), June 14, 2004
- Hand Care 2004-Clinical Experiences in Upper Extremity Surgery and Rehabilitation, The Hand Rehabilitation Center of Indiana, May 6-8, 2004
- Throwing (Functional Video Digest), Gary Gray, May 5, 2004
- Scapula-Peltrunkula (Functional Video Digest), Gary Gray, February 18, 2004
- The Hand: An Interactive Study for Therapists, AOTA Self-Paced Course, September 30, 2003
- Comprehensive Management of Wrist and Hand, North American Seminars, Inc., September 27-28, 2003
- A Systematic Treatment Approach to Wound Care, North American Seminars, October 19-20, 2002

- Elvarex Training, BSN-Jobst, May 26, 2001
- Manual Lymph Drainage/Complete Decongestive Therapy Certification, Klose-Norton Training, May 14-26, 2001
- Augmented Soft Tissue Mobilization, Performance Dynamics, May 6, 2000
- Step by Step: A Functional Approach to Orthopedic Rehabilitation, Advanced Rehabilitation Therapy, March 24-26, 2000
- The Shoulder for the Occupational Therapist, Keep Pace Educational Opportunities, August 19-20, 1999
- Kinesio Taping- The Upper Extremity, Keep Pace Educational Opportunities, August 18, 1999

CURRICULUM VITAE

PERSONAL

Joyce Marie Rexing
3251 Sarah Ann Road
Lafayette, IN 47909

EDUCATION

1986-1988
Indiana University School of Medicine
Indianapolis, IN
Degree: Bachelor of Science Occupational Therapy
Graduated with Highest Distinction

1983-1986
Purdue University
Lafayette, IN
Minor in Recreation

CERTIFICATION

Hand Therapy Certification 11-2001/ Renewal 2005
Certification through State of Indiana Health Professions Bureau
Registration through American Occupational Therapy Association

CONTINUING EDUCATION

2010

- Splinting Workshop: Theresa Wegand-Swihart OTR, CHT January 30, 2010

2009

- Fall Proof: A Comprehensive Balance and Mobility Training Program: Sarah Reimer, ATC March 11, 2009
- Diabetes: Info for Healthcare Professionals: Melissa Smith, Student Pharmacist June 9, 2009
- Orthopedic Seminar; Hand Pain and Reverse Total Shoulder: John Bauman, MD July 16, 2009
- Kinesio Taping for Therapists: Angie Shehorn, MS, OTR and Gail Dodge MS, PT September 9, 2009
- Total Motion Release: Marianne Fleming, MS PT October 7, 2009
- Occupational Therapy in the 21st Century: UE Fractures, Peripheral Neuropathes, Electrical Modalities, Healthcare Reform and Stroke Prevention: IOTA Fall Conference October 24, 2009

2008

- Wound Vacuum In service: Brad James RN April 16, 2008
- ASTYM Key Points review In service April 30, 2008
- Hand Care 2008 Advancing The Quality of Patient Care Through Medical Education May 8-10 2008
Updates of Rules and Regulations re : OT : IOTA District Meeting
Thom Fisher, OTR September 10, 2008
- Vestibular Update 2008 : Recent Developments in the Diagnosis and Treatment
of the Dizzy Patient: Scott Sanders MD and Mame Adams PT September 12, 2008
- Conference Planning: Framework Update IOTA District Meeting September 3, 2008

2007

- Wheelchair Positioning: IOTA District Meeting
January 15, 2007
- From Orders to Discharge: Rehabilitation of Flexor Tendon Injuries;
Sally Roscetti, OTR, CHT
March 10, 2007
- Pharmacological Effects on Function: IOTA District Meeting
April 10, 2007
- "Doctor, Why Am I Dizzy?"; Scott Sanders, M.D.
May 19, 2007
- "Fall Prevention: What can we do to keep our patients from falling";
Scott Sanders, M.D.
September 14, 2007
- OT in Driver Rehabilitation: IOTA District Meeting
October 9, 2007
- Gary Gray Functional Evaluation and Mobilization Series: Lafayette
Rehabilitation Study Group
May 5, June 6, June 13, November 21 & December 5, 2007,
January 16, 2008

2006

- Rheumatology Network: A Joint Perspective on Rehabilitation
March 18, 2006
- IOTA Spring Conference: E-Stim; CPM; Shoulder and Outcomes Study
Presentation
April 22, 2006
- Mobility Opportunities in Educative: IOTA District Meeting
September 12, 2006

2005

- Irlen Syndrome; IOTA District Meeting
January 12, 2005
- Indiana Licensure Status; IOTA District Meeting
July 13, 2005
- Functional Video Digest Series; FMR of the Shoulder; Gary Gray
October 12, 2005
- Lymphedema Management; IOTA District Meeting
November 15, 2005
- Examination and Intervention of Dizziness; The Vestibular System and Orthopedics;
Paul Vidal, PT, DPT
December 9, 2005

2004

- Functional Video Digest Series: Scapula, Throwing & Functional Flexibility
Videos; Gary Gray 2004
- Hands-On Tendon Trauma
April 18, 2004; Elgin, IL
- Vestibular Rehabilitation: Evaluation and Management of Individuals
with Dizziness and Balance Disorders
November 6-7, 2004; Mesa, AZ

2003

- Chain Reaction Explosion; Gary Gray Seminar
April 3-5, 2003; Chicago, IL
- The Hand: An Interactive Study for Therapist; Self-Paced Clinical Course
September 15, 2003
- Functional Video Digest Series; Gary Gray; Cervical & Elbow Tapes
2003

2002

- Vestibular Rehabilitation
May 18-19, 2002; Indianapolis, IN
- Advanced Rehabilitation Management of the Wrist and Hand
June 1-2, 2002; Evansville, IN

2001

- JOBST Certified Fitter In service
- Aquatic Therapy in Physical Medicine and Athletic Rehabilitation
January 20-21, 2001; Middleburg Heights, OH
- Joule FCE Training
August 2001

2000

- A Comprehensive Exploration of Hand Therapy; Nancy Falkenstein, Susan Weiss
May 20-21, 2000
- Hand Care 2000 – Hand Therapy in New Millennium
June 22-24, 2000; Indianapolis, IN

1999

- Performance Dynamics Industrial Focus Group Meeting
July 14, 1999

1998

- Rehabilitation of Shoulder Joint Complex; Kevin Wilk, PT
September 12-13, 1998

1997

- New Perspective for Evaluation and Treatment of Shoulder Complex
May 2-3, 1997
- Indiana Occupational Therapy Association Fall Conference;
"Harvesting New Ideas and Techniques" Two day workshop in Modalities
October 23-24, 1997
- Performance Dynamics System of Augmented Soft Tissue Mobilization
of the Upper Extremity
November 19-20, 1997; Muncie, IN

1996

- Anatomy, Diagnostic Testing and Therapy Management of Hand Problems
July 19-20, 1996; Indianapolis, IN
- Indiana Occupational Therapy Fall Conference; Refinement of the Hand
November 14-15 1996

1995

- Clinical Reasoning to Negotiate
The Complexity of Practice Programs; Penny Moyers
April 22, 1995
- Indiana Occupational Therapy Association; Fall Conference
Electrotherapy Principals and Office Ergonomics
September 15-16, 1995
- Hands On Hand Therapy
October 7-8, 1995; Chicago, IL

1994

- Modality Training
- Wheelchair Seating – Jay Medical
- Indiana Occupational Therapy Association; Fall Conference

1993

- Reimbursement Workshop; Indianapolis, IN
- American Disabilities Act Update
- CPM In service Therakinetix
- Indiana Occupational Therapy Association; Fall Conference

1992

- Hand Care: Clinical Methods in Hand Rehabilitation
Then Hand Rehabilitation Center of Indiana, P.C.
- American Disabilities Act Network Training – Purdue University
- AOTA Audioconference – Getting a Grip on Handwriting
- Jay Medical Wheelchair Seating Seminar

1991

- Upper Extremity Mobilization Conference presented by Ken Flowers
- Indiana Occupational Therapy Conference including Claudia Allen ACL
- Guidelines for Restraint Use in and OBRA Environment

1990

- Upper Extremity Course presented by Elaine Fess

1989

- Indiana Occupational Therapy Conference including Swallowing In service
- The Role and Use of PNF and NDT in Neurorehabilitation presented by
Thom Fisher and Shirley O'Brien
- A Neurophysiological Approach to the Total Spectrum of Occupational Therapy
Practice presented by Shereen Farber

1987-1988

- American Occupational Therapy Association Conference
- Indiana Occupational Therapy Association Conference
- Occupational Therapy Awareness Day at State Capitol
- Licensure Committee of Indiana Occupational Therapy Association
- State Conference for Therapy Personnel including Sensory Integration In service

**EMPLOYMENT
HISTORY**

January 2006 – Present
Therapy Etc., Inc
Contract Therapist for Indiana Veteran's Home and Home Health

October 1994 to Present
Lafayette Rehabilitation Services, Inc.
Co-Director of Occupational Therapy
Lafayette, IN

October 1989 to October 1994
Lafayette Home Hospital
Supervisor Physical Disabilities
Lafayette, IN

September 1988 to October 1989
Lafayette Home Hospital
Staff Occupational Therapist Physical Disabilities and Contractual Services
Lafayette, IN

**PROFESSIONAL
ACTIVITIES**

American Occupational Therapy Association Member
Indiana Occupational Therapy Association Member
Indiana Occupational Therapy Association Director of West Central District 1991 to 1995

TAMMY TAYLOR-WOODS

Phone(765) 563-3001 • Cellular (765) 412-4959• 10281 S. Wildwood Ct. • Brookston, IN 47923

E mail: ttaylorwoods@gmail.com

EXPERIENCE

2009-Current Therapy Etc. Inc.

Lafayette, IN

Physical Therapist Assistant

- Full time employment beginning 2009. Performing physical therapy patient care @ Indiana Veterans home.
- Performing home care physical therapy prn.

2006-2009 Therapy Etc. Inc.

Lafayette, IN

Physical Therapist Assistant

- Performing patient care at Indiana Vetrans Home to assist staff therapist on Fri. a.m. and prn.
- Performing home care physical therapy prn.

2004-2009 Lafayette Rehabilitation Services

Lafayette, IN

Physical Therapist Assistant

- Performed out patient services for orthopedic and neuro and onsite Work comp.
- Outpatient services Indiana Spine Center.

2002-2004 Relieve Physical Therapy

Monticello, IN

Physical Therapist Assistant

- Out patient caseload for Orthopedic, Neuro, Pediatrics and Skilled Nursing Facilities.

2004-1988 Hospital Seviles Inc./Theraprtactics, Inc Lafayette, IN

In-patient and outpatient therapy at area hospitals as well as pediatrics and geriatrics.

CONTINUED EDUCATION

2009 Mastering Defensive Documentation for Long Term Care. Country Cross Education.

Other continued education courses available upon request.

EDUCATION

1985-1988 Vincennes University , Vincennes, Ind

- A.S., Physical Therapist Assistant

KIMBERLY I. TAYLOR

Phone(765) 296-7840 • Cellular (765) 427-2355 • 603 Horram Dr • Dayton, IN 47941

E mail: mysticstar_99@yahoo.com

EXPERIENCE

2002-Current St Elizabeth Regional Health Lafayette, IN

Physical Therapist Assistant

- Full time employment beginning 2008. Performing home health and hospice therapy services for wide variety of case mix patients. Providing therapy in a nine county area.
- Working weeking with limited staff on two campuses in acute care and skilled rehabilitation unit.

2008-Current Therapy Ect. Inc. Lafayette, IN

Physical Therapist Assistant

- Performing patient care at Indiana Vetrans Home to assist staff therapist for time off and increased case load.
- Performing home care physical therapy with Arnett Clarian in multiple county area to support vacation and overflow to therapists.

2006-2008 Health Resource Alliance Lafayette, IN

Physical Therapist Assistant- Interium Program Manager

- Planned therapy schedule and staffing for all disciplines. Completing end of month billing and biweekly payroll.
- Conducted weekly Medicare meetings, attended stand up meetings, fall restraint meetings, and assisted in annual reviews of staff.
- Coordinated with MDS coordinator for RUG assesement dates and completed appropriate MDS forms to support and determine reimbursement.
- Perfomed quarterly screens on residential patients and screened new admissions to increase caseload.

2003-2006 American Senior Communities Lafayette, IN

Physical Therapist Assistant

Therapy consult of wound care team, organized prn schedule, organized weekly therapist schedule.

CONTINUED EDUCATION

2009 Fall Prevention Statagies presented by Summit Professional

2008 Alzheimer's Dementia course, presented by Mary Guerriero Austrom, PhD; Damiel Kuhn, MSW; and Greg Kyrouac MSED.

2006-2007 Accelerated Care Plus inservices; Physical Agent Modalities, Continenace Improvement, Wound Healing, Fall Prevention, Contracture Management, Pain Management, Stroke Recovery, COPD and Rheumatoid Arthritis.

2003 Current Concepts of Wound Healing, Fort Wayne, IN Jeffery Feedar

EDUCATION

2000-2002 University of Indianapolis Indianapolis, IN

- A.S., Physical Therapist Assistant

Catherine Mary Yocum (765) 477-7656
715 OLD Farm Road Lafayette, IN 47909

Personal Profile

- DOB: 09/29/1961
- Height: 5' 6"
- Weight: 123 lbs.
- Physical Health: Good
- Marital Status: married 25 years to Jeffrey J. Yocum O.D.
- Children: Whitney 22 yrs.
Jacqui 21 yrs.
Jacob 18 yrs.
Tanner 16 yrs.

Licenses & Professional Membership

State of Indiana #05001778 Active Status

American Physical Therapy Association Member #31136 Section on Woman's Health

Education

1982-1984 B.S., Physical Therapy, Northern Illinois University, Dekalb, IL 60115

1979-1982 Eastern Illinois University, Charleston, IL 61920

1975-1979 Evergreen Park Community HS, 99th Kedzie Ave, Evergreen Park, IL 60642

Clinical Affiliations

03/1984 (6 weeks) Elmhurst Memorial Hospital Elmhurst, IL
01/1984 (6 weeks) Ingalls Memorial Hospital Chicago Heights, IL
07/1983 (6 weeks) St. Mary's Hospital Streator, IL

Responsibilities included acute, general, neuro, and orthopedic care.

Professional Experience

Indiana Veterans Home, 3851 N. River Rd, West Lafayette, IN
09/2007 - present

Physical Therapist

Responsibilities:

Evaluate and treat in-patients

Advanced Physical Therapy, 3218 Daughtery Dr #160, Lafayette, IN
03/2008 - present

Physical Therapist

Responsibilities:

Evaluate and treat incontinence, pain, and all other pelvic floor dysfunctions.

Clarian Arnett Home Healthcare, Lafayette, IN
01/2009 - present

Physical Therapist

Responsibilities:

Home health care

Legacy Healthcare@ Greentree Asst. Living, 3575 Senior Place, West Lafayette, IN 47906

09/2007 - 10/2007

Physical Therapist

Responsibilities:

Geriatric and Subacute care at Greentree Assisted Living.

Women's Health and Rehabilitation, 665 N. 36th Street, Lafayette, IN 47904

08/1999 - 09/2007

Physical Therapist/Owner

Responsibilities:

Established an out-patient physical therapy clinic focusing on Woman's Health issues such as incontinence, pain, and pelvic floor dysfunctions.

Legacy Healthcare@ Greentree Asst. Living, 3575 Senior Place, West Lafayette, IN 47906

09/2007 - 10/2007

Physical Therapist

Responsibilities:

Geriatric and Subacute care at Greentree Assisted Living.

Sagamore Rehabilitation, 162 Sagamore Parkway W., West Lafayette, IN 47906

04/1996 - 08/1999

Staff Physical Therapist

Responsibilities:

Chronic pain management
Orthopedic and Neuro. Rehab
Initiation of a Women's Health Program with focus on pain, incontinence, and pelvic floor dysfunctions.

Achievement Rehab, 8425 Keystone Crossing Suite 260, Indianapolis, IN 46240

01/1994 - 05/1995

Staff Physical Therapist

Responsibilities:

Geriatric and Subacute care at Regency Place (ECF).

Industrial Rehab Associates, 3764 West Morris, Indianapolis, IN 46241

03/1993 - 04/1993

Contracted Physical Therapist: Subaru-Isuzu (work Hardening)
Clinton County Hospital (out-patient)
Sportsmed (out-patient rehab)

Hospital Systems, Inc., 3764 West Morris, Indianapolis, IN 46241

09/1991 - 09/1992

Staff Physical Therapist

Responsibilities:

Orthopedic & sports rehab, Orthotics,
TMJ
Post-surgical low back education and protocol

Preferred Home Healthcare, 656 North 36th, Lafayette, IN 47905

03/1991 - 04/1992

Physical Therapy Director

Responsibilities:

11/17/2009

"Essential Terms and Concepts for Surface Electromyograph, Biofeedback in Surface Electromyography Instruments. Home Study Course. 3 hrs.

10/18/2009

"Connective Tissue Manipulation – A hands-On Workshop," by International Pelvic Pain Society. Phoenix, AZ.

10/16-18/2009

"International Pelvic Pain Society Annual Meeting," by University of Oklahoma College of Medicine. Phoenix, AZ. 12 AMA PRA Category 1 Credits.

09/2008

"International Pelvic Pain Society." Orlando, FL

02/9-10/2007

"Core stabilization for the Low Back Patient," by Beverly Biondi, PT Indianapolis, IN, 1.25 CEU's 12.5 hours.

02/07/2007

"Exercise Physiology and Weight Management Strategies for Rehab Professionals." Indianapolis, IN

10/19/2006

"Minimally Invasive Total Knee and Hip Replacements" by Daniel Daluga MD. 1.0 hour

10/08 – 9/2004

"The Hesch Method of Treating Sacroiliac Joint Dysfunction" Lafayette, IN 12.5 contact hours, 12.5 CEU's.

7/1/2002

"Home Study Course 12.2 Orthopedic Interventions for Selected Disorders" 30 hours.

11/8-9/2002

"Wellness and Prevention Programs, The Clinical Skills and Marketing Strategies Necessary for Success." 1.7 CEU's Indianapolis, IN

04/21-22/2001

"Advanced PFM Disorders" by Holly Herman PT, Chicago, IL 2 CEU's

10/20-22/2000

"Intermediate Pelvic Floor Physical Therapy." Overland, KS

01/2000

"Multidisciplinary Approach to the Treatment of Urinary Incontinence" Nashville, TN

01/2000

"Exercise and Pregnancy Correspondence Course"

09/1999

"ACOG meeting on Surgical Interventions for Incontinence," Indianapolis, IN.

03/1999

"APTA meeting on Pelvic Floor Dysfunctions," Indianapolis, IN

04/1999

"Beginning Pelvic Floor Course," Baton Rouge, LA

04/1998

"Home Study Course on Hip and SI Joint Dysfunctions"

12/1998

"Home Study Course on Pelvic Floor," APTA tape series

05/19/1995

"The Adult and Geriatric Shoulder" by Trudy Goldstein, Indianapolis, IN

11/22-24/1992

"Blankenship Functional Capacity Assessment", Indianapolis, IN

11/22-24/1991

"Dumbbells R' Smart", Chicago, IL

4/12-14/1991

"Pathophysiology and Mechanics of Lower Kinetic Chain", Chicago, IL

4/20-22/1990

"Chain Reaction", Chicago, IL

References

Carol Oaks (765) 296-9388

Pam Jones (765) 474-2359

Jennifer M. Nelson

3863 Kensington Drive • Lafayette, IN 47905 • (317) 695-1124 • nelsonjennifer@hotmail.com

| | | | |
|------------------------------|---|---|---------------------------|
| EDUCATION | 1999-2003 | University of Indianapolis | |
| | | Master of Science in Occupational Therapy | |
| | 1994-1999 | Purdue University | West Lafayette, IN |
| | | B.A. in French Literature (psychology and biology minors) | |
| RELEVANT EXPERIENCE | | THERAPY ETC. | West Lafayette, IN |
| | | <u>OCCUPATIONAL THERAPIST</u> | |
| April 2009- present | <ul style="list-style-type: none">• Work on a weekly basis at the Indian Veteran's Home to provide OT evaluations and determine appropriate OT services for residents• Areas of intervention include: pressure mapping, wheelchair positioning, ADLs, splinting, upper body strengthening to assist with ADLs, and NMR• Common diagnoses include: s/p CVA and fractures, arthritis, cancer, dementia. | | |
| | | GREATER LAFAYETTE SPECIAL SERVICES | Lafayette, IN |
| | | <u>OCCUPATIONAL THERAPIST</u> | |
| Sept. 2003-present | <ul style="list-style-type: none">• Currently work primarily with school-aged children (preschool through elementary school) who have disabilities that prevent them from participating in daily schools activities• Areas of intervention in the school-setting include: handwriting, self-care, and feeding.• Common diagnoses include: Down's syndrome, autism spectrum disorder, ADHD, CP, TBI, LD, MIMD, ED | | |
| | | MULBERRY HEALTH AND RETIREMENT COMMUNITY | Mulberry, IN |
| | | <u>OCCUPATIONAL THERAPIST</u> | |
| June 2007-present | <ul style="list-style-type: none">• Work on a regular PRN basis in a skilled nursing facility to provide OT services to residents who demonstrate muscle weakness or functional decline that prevent them from participating in activities of daily living▪ Areas of intervention in therapy included: therapeutic exercises and activities, ADLs, NMR, and functional mobility.▪ Common diagnoses included: status-post CVA, hip/knee replacement, and COPD. | | |
| | | HERITAGE HEALTHCARE | West Lafayette, IN |
| | | <u>OCCUPATIONAL THERAPIST</u> | |
| May 2007-Feb 2008 | <ul style="list-style-type: none">• Worked on a PRN basis in a skilled nursing facility to provide skilled OT services to residents who demonstrated muscle weakness or functional decline that prevented them from participating in Activities of Daily Living (ADLs)▪ Areas of intervention in therapy included: therapeutic exercises and activities, ADLs, NMR, and functional mobility.▪ Common diagnoses included: pneumonia, arthritis, Alzheimer, and diabetes. | | |
| | | SILVER CIRCLES, INC. | Madison, IN |
| | | <u>OCCUPATIONAL THERAPIST</u> | |
| June 2005-present | <ul style="list-style-type: none">• Currently work on a part-time basis with to screen children who have learning disabilities to access and plan appropriate OT intervention for educational tutoring purposes• Areas of intervention in the clinic include: fine-motor skills (in particular handwriting) and functional fine-motor tasks• Common diagnoses include: LD, MIMD, dyslexia | | |
| LICENSURE | Passed National Occupational Therapy Certification Exam on 7/12/03 Obtained Indiana State License active as of 8/8/03 | | |
| PROFESSIONAL AFFILIATIONS | Indiana Occupational Therapy Association (IOTA) | | |

7

Marcy L Eads
1692 Kims Way
Battle Ground, IN 47920
(765) 567-0055
E-mail address: okyal3@aol.com

Professional Objectives

To obtain a career that provides growth and promotion while continuing to further my education.

Work Experience

Therapy Etc.-February 2008-Present

West Lafayette, IN

- Work in Veteran's Long Term/Assistive living setting
- Maintain OT caseload and management of OT department
- Attend weekly fall/restraint meeting
- Complete OT screening and pressure mapping assessments
- Attend patient case conference

Alliance Rehab- February 2006 to February 2008

West Lafayette, IN

- Worked in SNF/assistive living as director of therapy services
- Attend morning meeting, patient case conference, fall/restraint meeting
- Maintain staffing needs for OT, PT and SLP services, hiring/yearly review
- Weekly therapy business report and end of month billing
- Conduct staff education training on a monthly basis
- Daily OT treatment

American Senior Community- October 2004 to February 2006

Lafayette, IN

- Worked in SNF as assistive director of therapy services
- Attending morning report, weekly fall/restraint meeting, patient care conference
- Maintain therapy caseloads/rug level for both Medicare A, Medicare B, Medicaid, and private insurance
- Complete therapy weekly business report and monthly billing
- Complete discharge planning and home assessments of patient
- Daily OT treatments

Refelx Staffing- July 2004 to October 2004

National Staffing Agency

- Worked in SNF setting for 90 day assignment
- Daily OT treatment/documentation and managing of OT caseload/Department
- Attending morning report, fall meeting and resident care conference

Sharp Health Care/ Grossmont Hospital- August 2003 to July 2004

San Diego, CA

- Worked in numerous settings: Acute, Sub-Acute Rehab, Out Patient, and ICU/TCU
- Maintain daily progress notes, D/C summaries and weekly notes
- Perform unsupervised home evaluations for rehab clients
- Attend initial and D/C case conference for rehab patients
- Perform duties to distribute schedule and determine staffing needs for acute census
- Maintain a minimum of 24 pt. units daily
- Attend monthly continuing education seminars

Career Staff Unlimited- February 2002 to July 2004

San Diego, CA

- Worked in many settings in the San Diego area for a registry company: Acute Hospitals, Out Patient Clinics, Rehabilitation Hospitals, Workers Compensation/chronic pain management clinic and SNF
- Perform daily documentation and D/C summaries in various formats
- Maintain good communication with primary OTR and other staff members at facilities worked in
- Perform a minimum of 28 pt. units daily

Rehab Works- July 2000 to December 2002

Charleston, SC

- Worked in local nursing home settings with caseloads consisting of neurological and orthopedic pts.
- Responsible for daily pt. treatment
- Attended and participated in team meetings regarding care plan for pts.
- Wrote weekly SOAP notes, D/C summaries
- Provided fall assessment documentation for SNF
- Performed quarterly screens for SNF census
- Performed unsupervised home evaluations
- Assisted with maintaining scheduling needs for OT caseload

Rehab Care Group- August 1999 to June 2000

Orangeburg, SC

- Worked on a 20 bed sub-acute rehab floor at TRMC
- Attended weekly meeting with rehab team regarding care plan for pt's
- Assisted in community re-entry programs
- Maintained daily progress notes, D/C summaries based on FIM levels
- Performed unsupervised home evaluation
- Attended daily morning round with NSG staff regarding patient care
- **Attended pt. initial and D/C case conference**

American Therapy Services/Professional Rehab- April 1997 to June 1999

Brentwood, GA

- Worked in various settings in the Charleston, SC area: Out Pt. Clinics, SNF, school districts and residential communities
- Responsible for completing several forms of documentation
- Attended and participated in team management meetings
- Conducted orientation programs
- Assisted in establishing positioning/orthotic programs

Magnolia Manor- June 1996 to April 1997

Moncks Corner, SC

- Clients consisted of the geriatric population in a SNF
- Maintained daily SOAP notes
- Completed quarterly screening for SNF census
- Conducted a self-feeding group for dementia pts.
- Assisted in creating a positioning program

Education

Penn State University- Associates in Science/Occupational Therapy

FIM Certified

CPR Certified

Continuing Education in compliance with IN state and National License

References Available Upon Request

Jessica M. June, M.A., CCC-SLP

4501 Duckhorn Lane
Lafayette, Indiana 47909

765.532.6871
iuslp@yahoo.com

Objective

To obtain a PRN position as a speech-language pathologist

Profile

- 6 years experience working in long-term care, 4 years as a speech-language pathologist
- Experience in First Steps (0-3), School-Age Setting, Hospital and Outpatient Setting, and Home Health.
- Ability to work independently, in small-groups, and in team environments.
- Goal-oriented individual with strong leadership capabilities.
- Flexible schedule, organized, highly motivated, and detail-directed

Education

- CCC-SLP, Clinical Competence Certificate in Speech-Language Pathology
- M.A., Speech and Hearing Sciences, Indiana University, Bloomington, IN
- B.S., Speech and Hearing Sciences, Minor in Spanish, Purdue University, West Lafayette, IN

Graduate Coursework Completed:

- Completed all graduate core courses (5): Clinical Application of Linguistic Theory, Neurology of Speech and Language, Introduction to Research, Cognitive and Social Factors, Physiological Models
- Diagnosis and Management of Adult Aphasia, Craniofacial Anomalies, Second Language Acquisition and Bilingual Children, Adult Dysphagia, Early Communication Development, Videostroboscopy, Medical Speech-Language Pathology, Traumatic Brain Injury, Language Development in School Age Children (Audit), Childhood Dysphagia, Methods in Speech and Hearing Therapy, and Motor Speech Disorders,
- Practicum: Ages 2.5 – 87 years with a variety of disorders (Articulation, TBI, Aphasia, SELD, Stuttering, Voice) and experience with Downs Syndrome, Mentally Retarded, Cerebral Palsy, Hearing Impaired
- Externships: St. Vincent Frankfort Hospital – 10 Weeks (Home Health, First Steps, and Long-Term Care Experience), Klondike Elementary School – 10 Weeks

Employment History:

Speech-Language Pathologist for Healthcare Therapy Services

August 2006 – Current, FT Facilities include: Chase Center, Logansport and Milner Community Health Care, Rossville.

- Assessment and intervention with long-term care and rehabilitation to home residents as well as staff, resident, and family education and training on a variety of disorders. Initially, PRN, now have a traveling position with 2-5 nursing homes in Indiana.

Speech-Language Pathologist for Duke's Memorial Hospital

February 2007 – March 2009 - Peru, IN

- Assessment and intervention with hospital and outpatient setting, including, but not limited to modified barium swallow studies, speech, language, cognitive, and dysphagia therapy with all ages.

PRN Speech-Language Pathologist for Trilogy, LLC.

March 2007 – Current - LTC facilities in Logansport and Lebanon, IN

- Assessment and intervention with long-term care and rehabilitation to home residents as well as staff, resident, and family education and training on a variety of disorders.

Speech-Language Pathologist for Theracare, Inc.

June 2006 – April 2008 - Logansport, Peru, and Rossville, IN

- Assessment and intervention with long-term care and rehabilitation to home residents as well as staff, resident, and family education and training on a variety of disorders.

PRN Speech-Language Pathologist for Basic Rehab.

January 2006 – Current, Wesley Manor – Frankfort, IN

- Began Externship in January 2006, SLPA in March 2006, and PRN therapist in May 2006-current.
- Assessment and intervention with long-term care, home health, and rehabilitation to home residents as well as staff, resident, and family education and training on a variety of disorders.

Please feel free to contact the following as references:

Alida Crafford, OTR

Known professionally since I have been an SLP
765.438.7102

L. Allison Todd Fischer, M.A., CCC-SLP

Known professionally and academically since 2004
812.568.2694

Monica Ham, M.S., CCC-SLP

Known professionally and has been my supervisor for externship since 2006
765.656.3000

Charlene Betts, PTA

Known professionally and has been a supervisor for PRN work since 2008
765.482.2076 or 765.326.9121

MONICA HAM

Speech-Language Pathologist, MS, CCC-SLP

Phone (765) 659-1107 • Cellular (765) 242-6199 • 1159 E Kelley Road, Frankfort IN 46041

E mail: m.ham@att.net

EXPERIENCE

Speech-Language Pathologist

1996-Current St Vincent Frankfort Hospital Frankfort, IN

Employment beginning 1996. Performing inpatient and outpatient therapy services for wide variety of patients. Experience with every age-population and with multiple types of disorders/ diseases. Providing therapy in patient homes for First Steps. Performing modified barium swallow studies in conjunction with radiologist.

1996-Current Basiq Rehab Frankfort, IN

Performing speech-language-swallowing therapy at Wesley Manor Retirement Community in Elderly population.

2009-Current Therapy Etc.

Performing home care physical therapy with Arnett Clarian in multiple county area.

1990-1995 Lifelines Rehabilitation Services Indianapolis, IN

Speech-language Pathologist for Contract company working alongside 12 other speech-language pathologists.

EDUCATION Purdue University, West Lafayette, IN 1985-1990, Masters of Science in
Speech-Language Pathology

CONTINUED EDUCATION

December 2009 Speech-Pathology Conference presented by Northern Speech Services

December 2009 Auditory Processing Disorders Conference presented by Meds-pdn.

December 2009 Return to Life the Functional Way after Stroke/Brain Injury presented by Northern Speech Services

October 2009 Speech Pathology Disorders Conference presented by Cross Country Education.

November 2008 Therapeutic Approaches to Dementia presented by Cross Country Education.

Yearly continuing education requirements 18 hours yearly for state relicensing. Annual on-line training requirements for St Vincent Hospital.

Attachment " " "

CURRICULUM VITAE

NAME: Leonard A. Tracer

DATE AND PLACE OF BIRTH: February 16, 1933
Princeton, Indiana

MARITAL STATUS: Married to Mary L. Tracer
Two children: Mitchell & Scott

| EDUCATION | DATES | DEGREES | PHYSICAL |
|-------------------------------|---------|-----------------------------------|-----------------------|
| Purdue University | 1951-55 | Bachelor of Physical Education | Physical Education |
| University of Pennsylvania | 1955-56 | Certificate | Physical Therapy |
| Ball State University | 1965-66 | None | Health Education |

| CLINICAL EXPERIENCE IN PHYSICAL THERAPY | DATES | POSITION |
|---|-----------|---|
| V. A. Hospital Coatesville, Pennsylvania | 1956-58 | Staff Physical Therapist |
| V. A. Hospital Coatesville, Pennsylvania | 1958-62 | Assistant Chief Physical Therapist |
| Coatsville City Hospital Coatesville, Pennsylvania | 1958-62 | Part-time Physical Therapist |
| Ball Memorial Hospital Muncie, Indiana | 1962-66 | Director, Physical Therapist |
| Lafayette Home Hospital Physical Lafayette, Indiana | 1966-91 | Director, Therapist |
| Lafayette Physical Therapy Associates | 1970-1980 | Partner |
| Health Care Therapy Services | 1991-1997 | Contract Service |
| Visiting Nurse Home Services | 1991-1998 | Home Care Therapist |
| Regency Place-Lafayette (Vencore) | 1997-2000 | SNF-Rehab Therapist |
| Therapy, Etc. | 2000- | Physical Therapist Patient Evaluations |

Leonard Tracer

Continuing Education

Aging: Health Cares Challenge

Neurodiagnostic Compact 4 operation

Supervisory Development

Cervical Spine and Shoulder Cyriax Approach

Cardiac Rehab and Fitness Training

Supervisory Management

Lower Extremity Symposium

Electroneuromyographic Techniques

Shoulder Symposium

Physical Agents

Development of a Physical Rehab Services Program

Geriatric Neurology

Myofascial Release for the Neurologically Involved Patient

Rachel Cantrell
4 East Bruel Street
Remington, IN 47977

EDUCATION

Indiana University Purdue University at Indianapolis
Associate of Science: 1989 Occupational Therapy

WORK EXPERIENCE

Indiana Veterans Home **2002-present**
Occupational Therapy Department

Treatment of residents ranging from acute care to independent living residents.
Treatment includes utilization of hands on therapy and modality use. Pressure mapping, restraint reduction, myofacial release, feeding assessments, wheelchair positioning, modifications and adjustments. Participation in care plan committee, fall/restraint committee and VA wheelchair clinics.

Jasper County Hospital **1996-2002**
Staff COTA working with a wide range of populations including inpatients, outpatient orthopedic, geriatric, pediatric, home health care, First Steps, (0-3) years

Healthcare Therapy Services **1990-1996**
Staff COTA providing contract services in a variety of nursing home settings.

CONTINUING EDUCATION

JCAHO and CMS Restraint Standards for Hospitals, Mental Health Facilities and Nursing Homes

Reducing Falls in the Elderly

Managing Your Patients Pain

Accidents and Falls in the Elderly

Myofacial Release

Introduction to Hand Therapy

New Vistas in Burn Rehabilitation

Rehabilitation Disciplines in Home Health Practice

Alzheimer's and Other Dementia's: Strategies to Enhance Functional Performance

Understanding the Principles of Neurophysiology

Rehabilitation of the Elderly in Long Term Care Settings

D. Jacquelyn Yocum

715 Old Farm Road
Lafayette, IN 47909

(765)586-2281
jyocum@purdue.edu

Objective

To obtain a part time Physical and Occupational Therapy Aide position in health care facilities dealing with cardiovascular exercises, strength training, and stretching to improve flexibility, while continuing education for Occupational Therapy.

Education

Bachelor of Liberal Arts, December 2011

Major: Health and Fitness

Purdue University, West Lafayette, IN GPA: 3.5/4.0

Continuing Education

Plans to receive a Master's degree in Occupational Therapy

Honors and Awards

- Dean's List Fall 2007-Spring 2009

Activities/Clubs

- Health and Kinesiology Club
- Physical/Occupational Therapy Club

Work Experience

Rehab. Aide Indiana State Veteran's Home-West Lafayette, IN August 2009-present

- Accommodate patients in the Physical/Occupational Therapy department to strengthen mobility
- Conduct exercise plans for the elderly and disabled
- Assist with wheelchair assessments, scooter training, and wound care
- Filing, charting, copying, and answer telephones

Optician Assistant Dr. Jeffrey J. Yocum-Lafayette, IN August 2006-May 2009

- Assist patients with procedures involving vision problems
- Contact lens care and eyeglass ware assessments
- Filing, answer telephones, computer-related work, charting, insurance claims
- Schedule appointments and answer vision-related questions

Server Ruby Tuesday's Restaurant Terre Haute, IN August 2008-December 2008

- Serve food and beverages to guests in a timely manner
- Maintain a sanitary environment
- Handle money
- Provide friendly service to guests



Craig R. DeCamp, Owner

Board Certified Prosthetist & Orthotist

Associations: American Orthotic and Prosthetic Association

American Academy of Orthotists and Prosthetists

Certificate Degree from Northwestern University (1999)

B.S. from Purdue University (1995)

U.S. Army Veteran (88-92)

Eagle Scout Recipient

Life long resident of Lafayette

Email

MOBILE LIMB & BRACE, INC.

Craig@mobilelimbandbrace.com

2041 Klondike Rd.

West Lafayette, In 47906

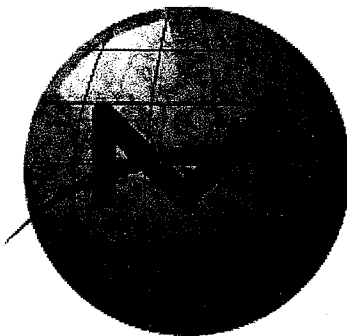
Off: (765) 463-4100 Fax: (765) 463-4112

Web: MOBILELIMBANDBRACE.COM

Mobile Limb & Brace, Inc.

Mission Statement

Mobile Limb & Brace, Inc. is dedicated to bringing comprehensive, professional prosthetic and orthotic services to the patient in the privacy of their own home. By providing the appropriate device, properly fitted and aligned along with education and compassionate care, our goal is to restore mobility and independence to the home bound patient. The definitive difference between Mobile Limb & Brace and fixed facility providers have been and will continue to be our unmatched level of personal service.



Mobile Limb & Brace, Inc.

In-Home Prosthetic and Orthotic Services

Traditionally, artificial limbs and custom braces have been provided in fixed facilities. For many patients, multiple trips to a facility are difficult, if not impossible. This is especially true of the patients who live outside of the major metropolitan areas and do not have their own transportation. It is inconvenient for a relative or friend to frequently leave work to bring the patient in for office visits.

TOP 10 Benefits of In-Home Service:

1. Patients don't have to coordinate transportation to and from a facility.
2. Patients don't expend limited physical energy traveling to a facility.
3. Visits can be scheduled at the patient's convenience.
4. As a guest in the patient's home, the practitioner can observe and learn a great deal about the patient and his environment.
5. Working in conjunction with a Home Physical Therapist the patient can be trained to use his device in the environment where he will use it the most.
6. Patients are likely to be more comfortable and less anxious in their own home.
7. There is never a charge for In-Home Service.
8. Patients never spend time in a waiting room. If there is a delay in the practitioner's arrival, at least the patient is waiting in the comfort of his own home.
9. Patients are never made to feel rushed because of others waiting behind them.
10. It is easier to develop a relationship with a patient in their home than in a clinic setting.

The practitioners and staff at **Mobile Limb & Brace** believe that creating a rapport with the patient is easier in the patient's home than in the clinical environment. In a person's home you are surrounded by clues and information about the patient and their lifestyle. We get to know the rest of the family, including the dog, the cat, the snake or even the occasional hybrid wolf. We care deeply that we do our best for our patients because of the personal quality of the relationship we have with each one.

" J "

| Physical/Speech Therapy | Tracer, PT | Yocum, PT | Driscoll-Bell, PTA, BS | Taylor-Woods, PTA | Taylor, PTA | June, MA, CCC-SLP | Ham, MS, CCC-SLP |
|---------------------------|------------|-----------|------------------------|-------------------|-------------|-------------------|------------------|
| Alzheimer's | C | C | C | C | C | C | C |
| dementia | C | C | C | C | C | C | C |
| stroke | C | C | C | C | C | C | C |
| Parkinson's | C | C | C | C | C | | |
| MS | X | C | C | C | C | | |
| Transverse Myelitis | X | X | X | X | | | |
| mental illness | X | X | C | X | X | X | X |
| behavioral conditions | X | X | C | X | X | | |
| orthopedic conditions | C | C | C | C | X | | |
| wound management | X | X | C | C | C | | |
| balance disorders | C | X | X | X | X | | |
| orthotic fabrication | | | X | X | X | | |
| fall prevention | C | X | C | X | C | | |
| restraint reduction | | | X | X | X | | |
| w/c fitting & positioning | | | C | X | X | | |
| geriatric wellness | C | C | C | X | X | | |

| Occupational Therapy/Prosthetics | Rexing, BS OTR, CHT | Shenorn, MS OTR, CHT | Nelson, MS, OTR | Eads, COTA | Cantrel, COTA | DeCamp, BSCPO | |
|----------------------------------|------------------------|-------------------------|-----------------|------------|---------------|---------------|--------------------|
| Alzheimer's | C | C | C | C | C | | |
| dementia | C | C | C | C | C | | |
| stroke | C | C | C | C | C | | |
| Parkinson's | C | C | X | C | X | | |
| MS | C | C | X | C | X | | |
| Transverse Myelitis | | | | X | X | | |
| mental illness | C | C | C | C | C | | |
| behavioral conditions | C | C | C | C | C | | C=Course/Certified |
| orthopedic conditions | C | C | C | C | C | C | X=Experience |
| wound management | | | | X | | | |
| balance disorders | C | C | X | C | X | | |
| orthotic fabrication | | C | X | C | X | C | |
| fall prevention | C | C | | C | C | | |
| restraint reduction | | | | X | C | | |
| w/c fitting & positioning | C | C | C | C | C | | |
| geriatric wellness | | | | C | X | | |

"k"

**Indiana Veterans' Home
Allied Health Services**

Position Title: Occupational Therapist

Purpose of Position: provides comprehensive Occupational Therapy services to the residents of the facility. Reports directly to the Therapy Director.

Areas of Responsibility:

1. Evaluates admissions and referrals for Occupational Therapy;
2. Provides appropriate Occupational Therapy services, as ordered by physician, to residents;
3. Evaluates residents for wheelchairs, positioning devices, orthotic and adaptive equipment;
4. Modifies, adapts and issues specialized equipment for individual resident use;
5. Supervises Certified Occupational Therapy Assistant;
6. Provides direct supervision of Occupational Therapy Aide;
7. Maintains supportive documentation and department records;
8. Works closely with medical staff and all other appropriate professional disciplines in providing therapy and related services to individual residents;
9. Participates on facility's multi-disciplinary care plan team as assigned;
10. Participates in facility's Restorative Nursing program per Nursing policy and procedures manual;
11. Provides orientation and in-service training for residents and staff;
12. Participates in Restraint Reduction, Nutritional Risk, Pain Management, and Quality Assessment and Improvement Programs on the facility as assigned;
13. Assists in coordination of services with external providers, to include the Veterans' Administration, healthcare providers and equipment vendors;
14. Maintains department facilities and equipment to ensure that work area is safe, adequately stocked and sanitary;
15. Orders department equipment and supplies;
16. Performs other department responsibilities as assigned.

**Indiana Veterans' Home
Allied Health Services**

Position Title: Certified Occupational Therapy Assistant

Purpose of Position: under supervision, assists the Occupational Therapists in providing therapy to the residents of the facility. Reports directly to the Occupational Therapists.

Areas of Responsibility:

1. Assists in evaluation of admissions and referrals for Occupational Therapy;
2. Implements Occupational Therapy treatment plans for residents;
3. Assists in evaluation of residents for wheelchairs, positioning devices, orthotic and adaptive equipment;
4. Modifies, adapts and issues specialized equipment for individual resident use under direction of Occupational Therapist;
5. Maintains supportive documentation and department records as assigned;
6. Recommends changes in therapy programs to Occupational Therapist by observing and documenting resident progress;
7. Assists the Occupational Therapists in the development of resident care plans and attends resident care conferences as assigned;
8. Provides direct supervision of Occupational Therapy Aide;
9. Assists with facility's Restorative Nursing program per Nursing policy and procedures manual and direction of the Occupational Therapist.
10. Communicates with medical staff and other appropriate professional disciplines under the direction or upon request of the Occupational Therapists;
11. Participates in Restraint Reduction, Nutritional Risk, Pain Management, and Quality Assessment and Improvement Programs of the facility as assigned;
12. Assists in coordinating services with external providers, to include the Veterans' Administration, healthcare providers and equipment vendors;
13. Assists in maintaining department facilities and equipment to ensure that work area is safe, adequately stocked and sanitary;
14. Orders department equipment and supplies;
15. Provides orientation and in-service training for residents and staff;
16. Performs other department responsibilities as assigned.

**Indiana Veterans' Home
Allied Health Services**

Position Title: Speech-Language Pathologist

Purpose of Position: provides comprehensive speech, language and dysphagia services to the residents of the facility.

Areas of Responsibility:

1. Evaluates admissions and referrals for speech, language, and cognitive disorders;
2. Provides appropriate individual and group therapy, as ordered by physician, to residents;
3. Provides dysphagia screening, evaluation and therapy for residents;
4. Develops, implements and monitors individualized augmentative and alternative communication (AAC) systems for residents;
5. Maintains appropriate documentation of services;
6. Supervises graduate speech-language pathology clinicians;
7. Participates on multi-disciplinary care plan team;
8. Provides orientation, in-service, training and counseling for staff, residents and residents' families;
9. Performs additional related duties.

**Indiana Veterans' Home
Allied Health Services**

Position Title: Physical Therapist

Purpose of Position: provides comprehensive Physical Therapy services to the residents of the facility. Reports directly to the Director of Physical Therapy.

Areas of Responsibility:

1. Evaluates admissions and referrals for Physical Therapy;
2. Develops appropriate Physical Therapy programs for residents;
3. Provides appropriate Physical Therapy services, as ordered by physician, to residents;
4. Maintains supportive documentation and department records;
5. Evaluates residents for wheelchairs, positioning devices, orthotic and adaptive equipment;
6. Supervises and ensures the quality of work provided by Physical Therapy Assistants and Physical Therapy Aids;
7. Participates on multi-disciplinary care plan team of facility;
8. Works closely with medical staff and all other appropriate professional disciplines in providing therapy and related services to individual residents;
9. Participates on facility's committees as assigned;
10. Provides orientation and in-service training for residents and staff;
11. Performs other department responsibilities as assigned.

**Indiana Veterans' Home
Allied Health Services**

Position Title: Physical Therapy Assistant

Purpose of Position: under supervision, assists the Physical Therapists in providing direct therapy to the residents of the facility. Reports directly to the Therapy Director.

Areas of Responsibility:

1. Assists in evaluative assessments of residents;
2. Implements Physical Therapy treatment plans for residents;
3. Maintains supportive documentation and department records;
4. Recommends changes in therapy programs to Physical Therapists by observing and documenting resident progress;
5. Assists the Physical Therapists in the development of resident care plans and attends resident care conferences as assigned;
6. Assists with facility's Restorative Nursing program per Nursing policy and procedures manual and direction of Physical Therapist;
7. Communicates with medical staff and other appropriate professional disciplines under the direction or upon request of the Physical Therapist;
8. Participates in Restraint Reduction, Nutritional Risk, Pain Management, and Quality Assessment and Improvement Programs of the facility as assigned;
9. Assists in coordinating services with external providers, to include the Veterans' Administration, healthcare providers and equipment vendors;;
10. Assists in maintaining department facilities and equipment to ensure work area is safe, adequately stocked and sanitary;
11. Orders department equipment and supplies;
12. Provides orientation and in-service training for residents and staff;
13. Performs other department responsibilities as assigned.

**Indiana Veterans' Home
Allied Health Services**

Position Title: Physical/ Occupational Therapy Aide

Purpose of Position: under supervision, assists the Occupational Therapy and Physical Therapy staff with the daily operation of the Department. Reports directly to the Therapy Director.

Areas of Responsibility:

1. Prepares materials and assembles equipment used for evaluation and treatment;
2. Transports residents to and from units if needed;
3. Undresses residents, removes braces and prepares residents for treatment;
4. Cleans and restocks department equipment and supplies;
5. Performs clerical tasks including answering the telephone, copying, filing and running errands;
6. Maintains incidental files and records in the Therapy Departments;
7. Performs other department duties as assigned.

Note: Duties must comply with the guidelines for an OT aide established by the American Occupational Therapy Association and with those for a PT aide established by the American Physical Therapy Association.

Inservice 2009

Signature

Date

| NAME | | | | Inservice Topics | | | | | | |
|-------------|-----------------------|---------|---|----------------------|---|---|---|---|---|---|
| | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| L. Tracer | Handwritten Signature | 4-2-09 | ✓ | Mandatory Inservices | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| E. Yocum | Handwritten Signature | 4-2-09 | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Trish Bell | Handwritten Signature | 4-10-09 | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Kim Taylor | Handwritten Signature | 3/26/09 | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Dobbs Bell | Handwritten Signature | 4-1-08 | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Karen Simon | Handwritten Signature | 3/25/09 | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | | | | | | | | | | |

Tammy Taylor PT - Woods 3/27/09
 Michelle Porter 3-30-09

**REHABILITATION SERVICES
MULTIDISCIPLINARY SCREENING TOOL**

| | | | |
|---|--|--|---------------|
| Facility | | Primary Diagnosis: | |
| Name: Last, First, MI | | Attending Physician: | |
| Reason for Screen:(Check) <input type="checkbox"/> Admit/Re-Admit <input type="checkbox"/> Nursing Request <input type="checkbox"/> RAI Schedule <input type="checkbox"/> Seating/Positioning <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/>Weight Loss <input type="checkbox"/>Fall <input type="checkbox"/>Restraint <input type="checkbox"/>Feeding/Swallowing </div> | | | |
| Comments: | | | |
| | | | |
| Functional Screen Area | | No Change | Recent Change |
| | | Comments: | |
| Self Feeding | <input type="checkbox"/> | <input type="checkbox"/> | |
| Swallowing | <input type="checkbox"/> | <input type="checkbox"/> | |
| Cognition (includes safety awareness) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Communication | <input type="checkbox"/> | <input type="checkbox"/> | |
| Dressing/Grooming/Bathing/Hygiene | <input type="checkbox"/> | <input type="checkbox"/> | |
| Toileting | <input type="checkbox"/> | <input type="checkbox"/> | |
| Bed Mobility | <input type="checkbox"/> | <input type="checkbox"/> | |
| Transfers | <input type="checkbox"/> | <input type="checkbox"/> | |
| Ambulation | <input type="checkbox"/> | <input type="checkbox"/> | |
| Balance/Falls | <input type="checkbox"/> | <input type="checkbox"/> | |
| ROM/Strength | <input type="checkbox"/> | <input type="checkbox"/> | |
| W/C Positioning & Proposition | <input type="checkbox"/> | <input type="checkbox"/> | |
| Skin Integrity | <input type="checkbox"/> | <input type="checkbox"/> | |
| Pain | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other (Incontinence, Low vision, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Please comment if resident is currently receiving restorative services, and when last assessed | | | |
| Based upon this screen, the resident is: (Check) <input type="checkbox"/> Not appropriate for skilled therapy intervention at this time <input type="checkbox"/> May potentially benefit from skilled therapy intervention to address deficits noted; establish restorative program and/or refer for further consideration to: <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Occupational Therapy <div style="text-align: center;"><input type="checkbox"/> Speech-Language Pathology Services</div> | | | |
| Signature/Title of Associate Completing Screen: | | Date: | |
| Outcome(If needs further consideration) | | | |
| Physical Therapy: <input type="checkbox"/> Services not indicated at this time <input type="checkbox"/> Will pursue eval & treatment orders <input type="checkbox"/> N/A | Occupational Therapy: <input type="checkbox"/> Services not indicated at this time <input type="checkbox"/> Will pursue eval & treatment orders <input type="checkbox"/> N/A | Speech-Language Pathology <input type="checkbox"/> Services not indicated at this time <input type="checkbox"/> Will pursue eval & treatment orders <input type="checkbox"/> N/A | |
| Signature/Title | Date | Signature/Title | Date |
| Signature/Title | Date | Signature/Title | Date |

THERAPY PROGRESS / ATTENDANCE NOTES
State Form 5402 (7-20)

State Form 54024 (7-09)

INDIANA VETERANS HOME

| | | |
|---|--|---|
| Type of therapy (check one) | | |
| <input type="checkbox"/> Occupational therapy | <input checked="" type="checkbox"/> Physical therapy | <input type="checkbox"/> Speech therapy |
| Name of patient | Room number | Facility |

[illegible][illegible]

| Therapist Signature | Discipline | Initials |
|---------------------|------------|----------|
| | | |
| | | |
| | | |

PLAN OF TREATMENT FOR OUTPATIENT REHABILITATION (COMPLETE FOR INITIAL CLAIMS ONLY)

| | | | | |
|---|--|------|-------------------------|----------------------|
| 1. PATIENT'S LAST NAME | FIRST NAME | M.I. | 2. PROVIDER NO. | 3. HICN |
| 4. PROVIDER NAME | 5. MEDICAL RECORD NO. (Optional) NOT USED | | 6. ONSET DATE | 7. SOC DATE |
| 8. TYPE: <input checked="" type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> SLP <input type="checkbox"/> CR <input type="checkbox"/> RT <input type="checkbox"/> PS <input type="checkbox"/> SN <input type="checkbox"/> SW | 9. PRIMARY DIAGNOSIS (Pertinent Medical DX) | | 10. TREATMENT DIAGNOSIS | 11. VISITS FROM SOC. |

| | |
|--|------|
| 12. PLAN OF TREATMENT FUNCTIONAL GOALS GOALS (Short Term) | PLAN |
| OUTCOME (Long Term) | |

| | |
|---|---|
| 13. SIGNATURE (professional establishing POC including prof. designation) | 14. FREQ/DURATION (e.g., 3/Wk x 4 Wk.) |
| I CERTIFY THE NEED FOR THESE SERVICES FURNISHED UNDER THIS PLAN OF TREATMENT AND WHILE UNDER MY CARE <input type="checkbox"/> N/A | 17. CERTIFICATION FROM THROUGH <input type="checkbox"/> N/A |
| 15. PHYSICIAN SIGNATURE | 18. ON FILE (Print/type physician's name) <input type="checkbox"/> |
| 16. DATE | 19. PRIOR HOSPITALIZATION FROM TO <input type="checkbox"/> N/A |
| 20. INITIAL ASSESSMENT (History, medical complications, level of function at start of care. Reason for referral) | |

PMH

PLOF

REASON FOR REFERRAL

COGNITION

| | | |
|--------------|--------------------------|---------------------------|
| AROM | <input type="radio"/> UE | <input type="radio"/> UE |
| | <input type="radio"/> LE | <input type="radio"/> LE |
| STRENGTH | <input type="radio"/> UE | <input type="radio"/> UE |
| | <input type="radio"/> LE | <input type="radio"/> LE |
| BED MOBILITY | ROLL | BRIDGING |
| TRANSFERS | SIT ↔ STAND | PIVOT |
| GAIT | DEVICE | DISTANCE |
| | DEVIATION | SKIN CONDITION |
| | | SCOOT |
| | | SUPINE ↔ SIT |
| | | BALANCE SIT STAND DYNAMIC |
| | | ASSIST/WB |

W/C MGMT

REHAB POT MOTIVATION ESTIMATED D/C DATE:

PATIENT'S EXPECTATION:

21. FUNCTIONAL LEVEL (End of billing period) PROGRESS REPORT ☐ CONTINUE SERVICE OR ☐ DC SERVICES

22. SERVICE DATES FROM TO

UPDATED PLAN OF PROGRESS FOR OUTPATIENT REHABILITATION
(Complete for Intern to Discharge Claims, Photocopy of HCFC-700 or 701 is required)

| | | | | | |
|--|--------------------------|--|--------------------------|---|---|
| 1. PATIENT'S LAST NAME | | FIRST NAME M.I. | | 2. PROVIDER NO. | 3. HICN |
| 4. PROVIDER NAME | | 5. MEDICAL RECORD NO. (Optional) | | 6. ONSET DATE | 7. SOC. DATE |
| 8. TYPE: <input checked="" type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> SLP <input type="checkbox"/> CR <input type="checkbox"/> RT <input type="checkbox"/> PS <input type="checkbox"/> SN <input type="checkbox"/> SW | | 9. PRIMARY DIAGNOSIS (Pertinent Medical D.X) | | 10. TREATMENT DIAGNOSIS | 11. VISITS FROM SOC. |
| | | 12. FREQ/DURATION (e.g., 3/Wk x 4 Wk.) | | | |
| 13. Current Plan Update, Functional Goals (Specify changes to goals & plan) GOALS (Short Term) OUTCOME (Long Term) | | | | PLAN | |
| I HAVE REVIEWED THIS PLAN OF TREATMENT AND RECERTIFY A CONTINUING NEED FOR SERVICE. <input type="checkbox"/> N/A <input type="checkbox"/> DC 15 PHYSICIAN SIGNATURE 16. DATE | | | | | |
| | | | | 14. CERTIFICATION FROM THROUGH <input type="checkbox"/> N/A | |
| | | | | 17. ON FILE (Print/type physician's name) <input type="checkbox"/> | |
| 18. REASON(S) FOR CONTINUING TREATMENT THIS BILLING PERIOD (Clarity and necessity for continued skilled care) | | | | | |
| COGNITION | | | | | |
| AROM | <input type="radio"/> UE | | <input type="radio"/> UE | | |
| | <input type="radio"/> LE | | <input type="radio"/> LE | | |
| STRENGTH | <input type="radio"/> UE | | <input type="radio"/> UE | | |
| | <input type="radio"/> LE | | <input type="radio"/> LE | | |
| BED MOBILITY | ROLL | BRIDGING | SCOOT | SUPINE ↔ SIT | |
| TRANSFERS | SIT ↔ STAND | PIVOT | BALANCE SIT | STAND | DYNAMIC |
| GAIT | DEVICE | DISTANCE | ASSIST/WB | | |
| | Deviation | | | | |
| W/C MGMT | | | SKIN CONDITION | | |
| REHAB POT | | COMPLIANCE | | | |
| ESTIMATED D/C DATE | | OTHER | | | |
| 19. SIGNATURE (or name of professional, including prof. designation) | | | 20. DATE | | 21. <input type="checkbox"/> CONTINUE SERVICES OR <input type="checkbox"/> DC SERVICES |
| 22. FUNCTIONAL LEVEL (at end of billing period - Relate your documentation to functional outcomes and list problems still present) | | | | | |

| | | |
|-------------------|------|---------|
| 23. SERVICE DATES | FROM | THROUGH |
|-------------------|------|---------|

THERAPY PROGRESS / ATTENDANCE NOTES
State Form 54024 (7-00)

State Form 54024 (7-09)

INDIANA VETERANS HOME

| | | |
|--|---|---|
| Type of therapy (check one) | | |
| <input checked="" type="checkbox"/> Occupational therapy | <input type="checkbox"/> Physical therapy | <input type="checkbox"/> Speech therapy |
| Name of patient | Room number | Facility |

[illegible][illegible]

| | | | | | | | |
|---|--|--|--|-------------------------|--|----------------------|--|
| 1. PATIENT'S LAST NAME | | FIRST NAME M.I. | | 2. PROVIDER NO. | | 3. HICN | |
| 4. PROVIDER NAME | | 5. MEDICAL RECORD NO. (Optional) | | 6. ONSET DATE | | 7. SOC. DATE | |
| 8. TYPE: <input type="checkbox"/> PT <input checked="" type="checkbox"/> OT <input type="checkbox"/> SLP <input type="checkbox"/> CR <input type="checkbox"/> RT <input type="checkbox"/> PS <input type="checkbox"/> SN <input type="checkbox"/> SW | | 9. PRIMARY DIAGNOSIS (Pertinent Medical D.X) | | 10. TREATMENT DIAGNOSIS | | 11. VISITS FROM SOC. | |

[illegible]

If additional space is needed please attach a progress note

| | | | | | |
|--|--|--|--|-------------------------|----------------------|
| 1. PATIENT'S LAST NAME | | FIRST NAME M.I. | | 2. PROVIDER NO. | 3. HICN |
| 4. PROVIDER NAME | | 5. MEDICAL RECORD NO. (Optional) | | 6. ONSET DATE | 7. SOC. DATE |
| 8. TYPE: <input type="checkbox"/> PT <input checked="" type="checkbox"/> OT <input type="checkbox"/> SLP <input type="checkbox"/> CR <input type="checkbox"/> RT <input type="checkbox"/> PS <input type="checkbox"/> SN <input type="checkbox"/> SW | | 9. PRIMARY DIAGNOSIS (Pertinent Medical D.X) | | 10. TREATMENT DIAGNOSIS | 11. VISITS FROM SOC. |
| | | 12. FREQ/DURATION (e.g., 3/Wk x 4 Wk.) | | | |

PLÂN

| | | |
|--|---|---|
| <input type="checkbox"/> Evaluation | <input type="checkbox"/> Homemaking | <input type="checkbox"/> ROM |
| <input type="checkbox"/> ADL Training | <input type="checkbox"/> Percep. Trng. | <input type="checkbox"/> Balance |
| <input type="checkbox"/> Fx. Transfers | <input type="checkbox"/> Work Simp/En. | <input type="checkbox"/> Strength |
| <input type="checkbox"/> Func. Main. Pro. | <input type="checkbox"/> UE Management | <input type="checkbox"/> Coordination |
| <input type="checkbox"/> Sensory Stimulation | <input type="checkbox"/> Home Eval. | <input type="checkbox"/> Mobilize Tissue |
| <input type="checkbox"/> Seating & Pos. | <input type="checkbox"/> Staff/Family/ | <input type="checkbox"/> Edema Control |
| <input type="checkbox"/> Safety Trng | <input type="checkbox"/> Patient Training | <input type="checkbox"/> Splint Fabrication |

Adaptive Equipment
Other

☐ N/A ☐ DC

16. DATE

14. CERTIFICATION
FROM

THROUGH

☐ N/A

17. ON FILE (Print/type physician's name)

18. REASON(S) FOR CONTINUING TREATMENT THIS BILLING PERIOD (*Clarity and necessity for continued skilled care*)

20. DATE

21.

☐ CONTINUE SERVICES OR ☐ DC SERVICES

22. FUNCTIONAL LEVEL (at end of billing period - Relate your documentation to functional outcomes and list problems still present)

ADL Status:

Include Level of Assist/Comments

Self Feeding

Grooming

Dressing UB

Dressing LB

Toliet Transfe

Toliet Hygiene

Tub/Shower/T

Bathing UB

Bathing LB

Safety

Adviser

Adaptive Equ

| | |
|---------------|--|
| Discharge Fee | |
|---------------|--|

100

•

10

AR: OT 701

100

1

Summary

23. Service Dates

From

Through

"M"

Therapy, etc

February 1, 2010

SAFETY PLAN PT/OT/ST 0021

Page 1 of 1

Policy and Procedure Department Safety

POLICY: All hazardous chemicals/agents will be stored in the PT department and will be locked to prevent accidental use by residents or untrained facility staff.

All equipment will be calibrated annually and if suspected malfunction

PROCEDURE:

1. Identify potentially harmful equipment and agents.
2. Assure MSDS sheet is on file in office
3. Lock items in locking cabinets in PT store room.
4. Director is responsible for key.
5. Schedule annual July equipment maintenance
6. Maintain locked department if licensed staff unavailable

DOCUMENTATION

If any void of above procedures occurs, please notify department head.



State Form 54024 (7-09)
INDIANA VETERANS HOME

| | |
|----------|--|
| Facility | |
|----------|--|

Initials

OCCUPATIONAL, PHYSICAL AND SPEECH THERAPY SERVICES

| VENDOR HOURLY RATE TO IVH, PER HOUR, AFTER INSURANCE REIMBURSEMENT, BEFORE IVH PERFORMS BILLING | | | |
|---|-----------------------------|-----------------------|------------------|
| SERVICE/DESCRIPTION | MEDICAID | THIRD PARTY INSURANCE | NON-INSURED RATE |
| OCCUPATIONAL THERAPIST | \$30 | \$55 | \$70 |
| CERTIFIED OCCUPATIONAL THERAPY ASSISTANT | \$50 | \$50 | \$60 |
| OCCUPATIONAL THERAPY AIDE | \$0 | \$0 | \$18 |
| PHYSICAL THERAPIST | | | \$70 |
| PHYSICAL THERAPIST ASSISTANT | \$30 | \$55 | \$70 |
| PHYSICAL THERAPIST AIDE | \$0 | \$0 | \$18 |
| SPEECH THERAPY SERVICES | \$30 | \$55 | \$70 |
| VENDOR CHARGE RATE TO IVH PER HOUR AFTER IVH PERFORMS BILLING | | | |
| SERVICE/DESCRIPTION | ADD/RESIDENT THERAPY CHARGE | | |
| OCCUPATIONAL THERAPIST | \$70 | | |
| CERTIFIED OCCUPATIONAL THERAPY ASSISTANT | \$60 | | |
| OCCUPATIONAL THERAPY AIDE | \$0 | | |
| PHYSICAL THERAPIST | \$70 | | |
| PHYSICAL THERAPIST ASSISTANT | \$60 | | |
| PHYSICAL THERAPIST AIDE | \$0 | | |
| SPEECH THERAPY SERVICES | \$70 | | |

TOTAL BID AMOUNT

ADDITIONAL PRICING INFORMATION

Enter any additional pricing information here

Please note, medicare monies will drastically offset the states payment to vendor. With billing of Med B alone last year the state saved over \$50k.

OCCUPATIONAL, PHYSICAL AND SPEECH THERAPY SERVICES

| VENDOR HOURLY RATE TO IVH, PER HOUR, AFTER INSURANCE REIMBURSEMENT, BEFORE IVH PERFORMS BILLING | | THIRD PARTY INSURANCE | | NON-INSURED RATE | |
|---|-----------------------------|-----------------------|------|------------------|------|
| SERVICE/DESCRIPTION | MEDICAID | | | | |
| OCCUPATIONAL THERAPIST | \$30 | | \$55 | | \$70 |
| CERTIFIED OCCUPATIONAL THERAPY ASSISTANT | \$50 | | \$50 | | \$60 |
| OCCUPATIONAL THERAPY AIDE | \$0 | | \$0 | | \$18 |
| PHYSICAL THERAPIST | | \$30 | | \$55 | \$70 |
| PHYSICAL THERAPIST ASSISTANT | | \$50 | | \$50 | \$60 |
| PHYSICAL THERAPIST AIDE | | \$0 | | \$0 | \$18 |
| SPEECH THERAPY SERVICES | | \$30 | | \$55 | \$70 |
| VENDOR CHARGE RATE TO IVH PER HOUR AFTER IVH PERFORMS BILLING | | | | | |
| SERVICE/DESCRIPTION | ALL RESIDENT THERAPY CHARGE | | | | |
| OCCUPATIONAL THERAPIST | \$70 | | | | |
| CERTIFIED OCCUPATIONAL THERAPY ASSISTANT | \$60 | | | | |
| OCCUPATIONAL THERAPY AIDE | \$0 | | | | |
| PHYSICAL THERAPIST | \$70 | | | | |
| PHYSICAL THERAPIST ASSISTANT | \$60 | | | | |
| PHYSICAL THERAPIST AIDE | \$0 | | | | |
| SPEECH THERAPY SERVICES | \$70 | | | | |

TOTAL BID AMOUNT

\$264,400

ADDITIONAL PRICING INFORMATION

Enter any additional pricing information here

Please note, medicare monies will drastically offset the states payment to vendor. With billing of Med B alone last year the state saved over \$50k.

RFP-10-91
ATTACHMENT A
MINORITY & WOMEN'S BUSINESS ENTERPRISES RFP SUBCONTRACTOR
COMMITMENT FORM

In accordance with 25 IAC 5-5, the respondent is expected to submit with its proposal a MWBE Subcontractor Commitment Form. The Form must show that there are, participating in the proposed contract, Minority Business Enterprises (MBE) and Women Business Enterprises (WBE) listed in the Minority and Women's Business Enterprises Division (MWBED) directory of certified firms located at <http://www.in.gov/idoa/2352.htm>.

If participation is met through use of vendors who supply products and/or services directly to the Respondent, the Respondent must provide a description of products and/or services provided that are directly related to this proposal and the cost of direct supplies for this proposal. Respondents must complete the Subcontractor Commitment Form in its entirety.

Failure to meet these goals will affect the evaluation of your Proposal. The Department reserves the right to verify all information included on the MWBE Subcontractor Commitment Form.

Respondents are encouraged to contact and work with MWBED at 317-232-3061 to design a subcontractor commitment to meet established goals as referenced in this solicitation.

Prime Contractors must ensure that the proposed subcontractors meet the following criteria:

- Must be listed on the IDOA Directory of Certified Firms
- Each firm may only serve as once classification – MBE or WBE
- A Prime Contractor who is an MBE or WBE must meet subcontractor goals by using other listed certified firms. Certified Prime Contractors cannot count their own workforce or companies to meet this requirement.
- Must serve a commercially useful function. The firm must serve a value-added purpose on the engagement.
- Must provide goods or service only in the industry area for which it is certified as listed in the directory at <http://www.in.gov/idoa/2352.htm>
- Must be used to provide the goods or services specific to the contract
- National Diversity Plans are generally not acceptable

**MINORITY & WOMEN'S BUSINESS ENTERPRISES RFP SUBCONTRACTOR LETTER OF
COMMITMENT**

A signed letter(s), on company letterhead, from the MBE and/or WBE must accompany the MWBE Subcontractor Commitment Form. Each letter shall state and will serve as acknowledgement from the MBE and/or WBE of its subcontract amount, a description of products and/or services to be provided on this project, and approximate date the subcontractor will perform work on this contract. The State reserves the right to deny evaluation points if the letter(s) is not attached. The State will deny evaluation points if the letter(s) is attached, not on company letterhead, not signed and/or does not reference and match the subcontract amount and the anticipated period that the Subcontractor will perform work for this solicitation.

By submission of the Proposal, the Respondent acknowledges and agrees to be bound by the regulatory processes involving the State's M/WBE Program. Questions involving the regulations governing the MWBE Subcontractor Commitment Form should be directed to: Minority and Women's Business Enterprises Division at (317) 232-3061 or <http://www.in.gov/idoa/2352.htm>.

STATE OF INDIANA MBE/WBE SUBCONTRACTOR COMMITMENT FORM

RFP# 10-91

DUE DATE: 7-9-10

TOTAL BID AMOUNT: \$264,400

| | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> XX MBE Firm <input type="checkbox"/> WBE Firm | | | |
| Company Name: Custom Forms | Contact Person: Maria Elana Goble | | |
| Address: 2520 Salisbury Street West Lafayette, IN 47906 | E-mail: ggoble@customforms.com | | |
| Sub-Contract Amount: up to \$4,000.00 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Telephone Number: (765) 463-6162</td> <td style="width: 50%;">Fax Number: (765) 463-1665</td> </tr> </table> | Telephone Number: (765) 463-6162 | Fax Number: (765) 463-1665 |
| Telephone Number: (765) 463-6162 | Fax Number: (765) 463-1665 | | |
| Sub-Contract Percentage of Total Bid: .0151285% | Describe service/product to be provided: letterhead stationary supplies-totaling \$1,000.00/yr | | |
| Provide approximate dates when Sub-Contractor will perform on this project: July-Annually | | | |

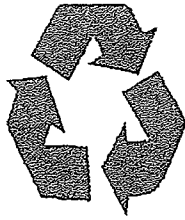
| | | | |
|--|--|--|--|
| <input type="checkbox"/> MBE Firm <input checked="" type="checkbox"/> XX WBE Firm | | | |
| Company Name: A-1 Laser Corporation | Contact Person: Lisa Taylor | | |
| Address: 409 E Hoffer Street Kokomo, IN 46902 | E-mail: A-1 lasercorp@Sbcglobal.net | | |
| Sub-Contract Amount: \$1555.12 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Telephone Number: (765) 455-8641</td> <td style="width: 50%;">Fax Number: (765) 455-8643</td> </tr> </table> | Telephone Number: (765) 455-8641 | Fax Number: (765) 455-8643 |
| Telephone Number: (765) 455-8641 | Fax Number: (765) 455-8643 | | |
| Sub-Contract Percentage of Total Bid: .0058816% | Describe service/product to be provided: Ink cartridges HP 1600 Laser- totaling \$388.78/yr | | |
| Provide approximate dates when Sub-Contractor will perform on this project: July and June annual shipments accordingly | | | |

Respondent Firm
 Therapy, etc
 Address
 6433 wea woodland drive
 City/State/Zip Code
 Lafayette, IN 47909
 Representative
 Patrice Driscoll-Bell
 Date 6-30-10

Telephone Number
 765-538-2230
 Fax Number
 Bellsx7@aol.com
 Email Address
 Bellsx7@aol.com
 Authorizing Signature
 Printed Name and Title Patrice Driscoll-Bell, President

xPlease check if additional forms are attached.
 Page 1 of 3

**FORM MUST BE COMPLETED IN ITS ENTIRETY WITH COMPLETED LETTERS OF
COMMITMENT.**



A-1 Laser Corporation

409 E. Hoffer Street Kokomo, IN 46902
PH. 765-455-8641 FX. 765-455-8643

February 15, 2010

Patrice Ballard
Therapy, Etc.
6433 Wea Woodlands Drive
Lafayette, IN 47909

Dear Ms. Ballard,

It was a pleasure speaking with you this morning. The agreement between our companies is as follows.

A-1 Laser agrees to provide Therapy, Etc. with one set of toner cartridges for the HP Laserjet 1600 printer for a period of four (4) years beginning in 2010. We also agree to provide one (1) extra black toner cartridge for the above machine, for a period of four (4) years beginning in 2010.

The pricing for each cartridge, by cartridge number is as follows:

| | |
|----------------------|-------------------------------|
| Q6000A Black toner | \$69.00 each $\times 2 = 138$ |
| Q6001A Cyan toner | \$72.00 each |
| Q6002A Yellow toner | \$72.00 each |
| Q6003A Magenta toner | \$72.00 each |

There will be a 7% Indiana sales tax added to each order. When the order is for a set of four (4) cartridges, there will be a \$10.00 shipping charge. For the one (1) individual black cartridge shipped, A-1 Laser will provide the shipping at no charge to Therapy, Etc.

Thank you for your interest in A-1 Laser, and we look forward to doing business with you.

Best Regards,

Lisa Taylor
Lisa Taylor
President
A-1 Laser Corporation

total \$ per year
or 90 1 day commitment

"We Keep you Printing!"

Locally Owned and Operated Since 1994

Email - a1lasercorp@sbcglobal.net



July 27, 2010

Patrice Bell
Therapy, Etc.
6433 Wea Woodland Drive, Lafayette, IN 47909
765.430-0795

RE: State of Indiana

Dear Patrice,

This letter confirms that Therapy, Etc. has agreed to contract services from Custom Forms, Inc., a certified Indiana Minority Women Business Enterprise. These contracted services including Letterhead, Envelopes and other items will commence at a date to be determined later in an amount up to \$1,000 per year for the next 4 years.

Sincerely,

Maria Elena Goble
President

Custom Forms, Inc.
2520 N. Salisbury Street
P.O. Box 2277
West Lafayette, IN 47996-2277
Phone 765.463.6162
Fax 765.463.1655
www.customforms.com

**INDIANA ECONOMIC IMPACT - PROPOSALS AND CONTRACTS**

State Form 51778 (R4 / 1-06)

DEPARTMENT OF ADMINISTRATION

Approved by State Board of Accounts, 2006

This information is required by the Indiana Department of Administration for all contractors, vendors/suppliers to the State of Indiana (complete all 22 items).

| | | |
|----|---|--------------------------|
| 1 | Legal Name of firm: | therapy, etc. inc |
| 2 | Address/City/State/Zip Code: | 6433 Wea Woodlands Drive |
| 3 | Telephone #/Fax #/Website: | 765-538-2230 |
| 4 | Federal Tax Identification Number: | 30-0535861 |
| 5 | State/Country of domicile/incorporation: | Indiana |
| 6 | Location of firm's headquarters or principal place of business: | above |
| 7 | Name of parent company or holding company (if applicable): | n/a |
| 8 | State/Country of domicile/incorporation of company listed in #7: | Indiana |
| 9 | Address of company listed in #7: | n/a |
| 10 | IN Department of Workforce Development (DWD) account number: | 588465 |
| 11 | IN Department of Revenue (DOR) account number: | 0134810120-001 |
| 12 | Number of Indiana resident employees per most recently completed IRS Form W-2 distribution: | 14 |
| 13 | Total number of employees per most recently completed IRS Form W-2 distribution: | 14 |
| 14 | Total amount of payroll paid to Indiana resident employees per most recently completed IRS Form W-2 distribution: | \$277,836.20 |
| 15 | Total amount of payroll paid to all employees per the most recently completed IRS Form W-2 distribution: | \$277,836.20 |
| 16 | Total amount of this proposal, bid, or current contract: | \$264,400 |

**ACCOUNTING OF INDIANA RESIDENT
EMPLOYEES**

| | | | | | |
|--|--|--|------------------------|--|--|
| 17 | <u>Prime Contractor Company Name:</u> | therapy, etc. inc. | | | |
| 18 | <u>Number of Full Time Equivalent (FTE) employees</u> that are Indiana residents specifically for this proposal or contract: | 8.5 PTs Tracer, Yocum PTAs Driscoll-Bell, Taylor-Woods, Taylor, Ots Shehorn, Rexing, Mor | | | |
| 19 | <u>Subcontractor Company Name:</u> | MBE: Custom Forms | A-1 Laser | | |
| 20 | Address/Contact Person/Telephone Number/Tax ID Number: | 2520 Salisbury Street | 409 East Hoffer Street | | |
| 21 | <u>Number of Full Time Equivalent (FTE) employees</u> that are Indiana residents specifically for this proposal or contract: | MBE.085: Maria Goble- Order, Raul Renz-plate maker, Rich Nelson-printer, Evan Renz-del | | | |
| 22 | WBE .025 Lisa Taylor-order, prepare ink cartridges, ship and billing | | | | |
| <u>Affirmation by authorized official:</u> I affirm under penalties of perjury that the foregoing representations are true to be the best of my knowledge and belief: | | | | | |
| Signature: | | | | | |
| Name of auththorized official: | | Patrice Driscoll-Bell | | | |
| Title: | | President | | | |
| Date: | | 6/30/2010 | | | |

